**U.S. Department
of Transportation**

**National Highway
Traffic Safety
Administration**

Dear Crash Data Researchers/Users:

Thank you for choosing crash data from the National Highway Traffic Safety
Administration (NHTSA) for your research or other use.  The information contained in
this motor vehicle crash report is collected, maintained and distributed in accordance with
Public Law 89-564.  In accordance with this Public Law, NHTSA is required not to
release any case information until completion of quality control procedures.  These
procedures include a review of the case material to extract all names, licenses and
registration numbers, non-coded interview material, non-research related researcher
comments in the margins, non-factual data, and the production number portion of the
vehicle identification number (VIN).

If you requested NHTSA to query its database files in order to identify a specific crash,
then that query was made using non-personal descriptors you provided for use in our
search.  This motor vehicle crash may have been identified from a data search and
matches the general, non-personal descriptors you provided,  but we cannot confirm that
this is the specific crash report you requested.

If you have any questions with regard to the above procedures, please contact the Field
Operations Branch, Crash Investigation Division, National Center for Statistics and
Analysis at 202-366-4820.  Again, please be advised that we cannot confirm that this is
the case that you have specifically requested nor can we certify the information to be
correct.

***    ***    ***

SAFETY BELTS SAVE LIVES

Get It together!

**CASE SUMMARY**

PSU __05__     CASE NO. __091E__     TYPE OF ACCIDENT __Vehicle to vehicle right angle__

## A. DESCRIPTION OF THE ACCIDENT SEQUENCE AND ACCIDENT PECULIARITIES

(Provide a summary of the accident sequence as well as any particular event of the accident that is noteworthy. Injury mechanism and vehicle crashworthiness is the focus, not driver culpability.  Do not include any personal identifiers.)

V1 was travelling west.  V2 was travelling north.  V2 entered the four legged intersection and was struck by vl.  V2 rotated clockwise and rolled over onto its roof.

## B. VEHICLE PROFILE(S)

| Vehicle No. | Class of Vehicle | Year/Make/Model | Most Severe Damage Based on Vehicle Inspection | | Component Failure |
|---|---|---|---|---|---|
| | | | Damage Plane | Severity Description | |
| 1 | Intermediate | 90 Chevy Lumina | Front | Unknown | Unknown |
| 2 | Compact | 91 Toyota Camry | Right | Moderate | None |

**DO NOT SANITIZE THIS FORM**

HS Form 434A (1/93)

## C. PERSON PROFILE(S)

| Vehicle No. | Person Role | Seat Position | Restraint Use | Most Severe Injury (TO BE COMPLETED BY ZONE CENTER) | | | |
|---|---|---|---|---|---|---|---|
| | | | | Body Region | Injury Type | AIS | Injury Source |
| 1 | Driver | Left front | Lap/shoulder | Not Injured | | | |
| 2 | driver | Left front | shoulder | NOT INJURED | | | |

**Body Region**

Abdomen
Ankle—foot
Arm (upper)
Back-thoracolumbar spine
Chest
Elbow
Face
Forearm
Head—skull
Knee
Leg (lower)
Lower limbs(s) (whole or unknown part)
Neck—cervical spine
Pelvic—hip
Shoulder
Thigh
Upper limb(s) (whole or unknown part)
Whole body
Wrist—hand

Brain
Ears
Eye
Heart
Kidneys
Liver
Mouth
Noise
Pulmonary—lungs
Spleen
Thyroid, other endocrine gland
Vertebrae

**Injury Type**

Abrasion
Amputation
Avulsion
Burn
Concussion
Contusion
Crush
Detachment, separation

Dislocation
Fracture
Fracture and dislocation
Laceration
Other
Perforation, puncture
Rupture
Sprain
Strain
Total severance, transection
Unknown

**Abbreviated Injury Scale**

(1) Minor injury
(2) Moderate injury
(3) Serious injury
(4) Severe injury
(5) Critical injury
(6) Maximum (untreatable)
(7) Injured, unknown severity

**DO NOT SANITIZE THIS FORM**

U.S. Department of Transportation

**National Highway Traffic Safety**
**Administration**

# ACCIDENT COLLISION DIAGRAM

NATIONAL ACCIDENT SAMPLE SYSTEM
CRASHWORTHINESS DATA SYSTEM

PSU No. _05_     Case Number—Stratum _09 I E_

Indicate
North

ONLY

ONLY

ONLY

DRIVE

SCALE: 1/250

**U.S. Department of Transportation**
**National Highway Traffic Safety Administration**

# ACCIDENT COLLISION
# MEASUREMENT TABLE

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

Primary Sampling Unit Number __05__

Case Number—Stratum __09 | E__

## ACCIDENT COLLISION DIAGRAM

### LEVEL I
### PHYSICAL EVIDENCE ABSENT

To be accomplished when there is no physical evidence present at the scene:

* approximate vehicle orientation at impact and final rest

* applicable road/roadway delineation (e.g., curbs/edge lines, lane markings, median markings, pavement markings, etc.)

* applicable traffic controls (e.g., speed limit)

* north arrow placed on diagram

* sketch required

### LEVEL II
### PHYSICAL EVIDENCE PRESENT

In addition to the level I tasks noted above, the following must be accomplished when

### LEVEL II (Cont'd)
physical evidence is present:

* document reference point and reference line relative to physical features present at the scene

* scale documentation of all accident induced physical evidence

* scaled documentation of all roadside objects contacted

* roadway surface type and condition of applicable roadways

* grade measurements for all applicable roadways and at location of rollover initiation

* scaled representations of the vehicle(s) at pre-impact, impact, and final rest based upon either:

   a) physical evidence, or

   b) reconstructed accident dynamics

### CRASH DATA

| | VEH. #1 | VEH. #2 | VEH. #3 |
|---|---|---|---|
| Heading Angle | 180 | 000 | ____ |
| Surface Type | TAR | TAR | ____ |
| Surface Condition | Dry | Dry | ____ |
| Grade (v/h) Measurement (between impact and final rest) | 000 | 000 | ____ |
| Grade (v/h) Measurement (at location of rollover initiation) | 000 | 000 | ____ |

Reference Point: __NE APEX__

Reference line: __NORTH CURB LINE__

| Item | Distance and Direction from Reference Point | Distance and Direction from Reference Line |
|---|---|---|
| LANE 1 (WEST         ) | — | 4.6m S |
| LANE 2 | — | 3.6m S |
| LANE 3 | — | 3.6m S |
| LANE 4 | — | 3.6m S |
| LANE 5 | — | 3.6m S |
| LANE 1 (EAST      ) | — | 3.9m S |
| LANE 2 | — | 4.1 S |
| LANE 3 | — | 3.9 S |
| LANE 4 | — | 3.2 S |
| (NORTH)   LANE 1 | 6.2 W | — |
| LANE 2 | 3.5 W | — |
| LANE 3 | 3.1 W | — |
| | | |

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| Item | Distance and Direction from Reference Point | Distance and Direction from Reference Line |
|---|---|---|
| LANE 1 (                    ) | 3.1   W | — |
| LANE 2 | 3.1   W | — |
| LANE 3 | 3.1   W | — |
| LANE 4 | 3.7   W | — |
| LANE 5 | 3.5   W | — |
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**U.S. Department of Transportation**

**National Highway Traffic Safety Administration**

## ACCIDENT FORM

1. Primary Sampling Unit Number _05_

2. Case Number - Stratum _09_ _1_ _E_

## IDENTIFICATION

3. Number of General Vehicle Forms Submitted _02_

4. Date of Accident (Month, Day, Year) ___/___/_9_ _3_

5. Time of Accident _10_ _45_

Code reported military time of accident.

NOTE: Midnight = 2400
Unknown = 9999

## SPECIAL STUDIES - INDICATORS

Check (✓) each special study (SS14-SS18 below) that has been completed; code 1 for the checked special studies and 0 for the special studies not checked.

6. ___ SS14 Fatal AOPS _0_

7. ___ SS15 Administrative Use _0_

8. ___ SS16 _____ _0_

9. ___ SS17 _____ _0_

10. ___ SS18 _____ _0_

## NUMBER OF EVENTS

11. Number of Recorded Events in This Accident _02_

Code the number of events which occurred in this accident.

## ACCIDENT EVENTS

For each event that occurred in the accident, code the lowest numbered vehicle in the left columns and the other involved vehicle or object on the right.

| Accident Event Sequence Number | Vehicle Number | Class Of Vehicle | General Area of Damage | Vehicle Number or Object Contacted | Class Of Vehicle | General Area of Damage |
|---|---|---|---|---|---|---|
| 12. 0 1 | 13. 01 | 14. 03 | 15. F | 16. 02 | 17. 02 | 18. R |
| 19. 0 2 | 20. 02 | 21. 02 | 22. T | 23. 31 | 24. 00 | 25. N |
| 26. 0 3 | 27. ___ | 28. ___ | 29. ___ | 30. ___ | 31. ___ | 32. ___ |
| 33. 0 4 | 34. ___ | 35. ___ | 36. ___ | 37. ___ | 38. ___ | 39. ___ |
| 40. 0 5 | 41. ___ | 42. ___ | 43. ___ | 44. ___ | 45. ___ | 46. ___ |

IF GREATER THAN FIVE EVENTS, CONTINUE CODING ON THE ACCIDENT EVENT SUPPLEMENT

HS Form 434 (Rev. 1/93)

## CODES FOR CLASS OF VEHICLE

(00) Not a motor vehicle
(01) Subcompact/mini (wheelbase < 254 cm)
(02) Compact (wheelbase ≥ 254 but < 265 cm)
(03) Intermediate (wheelbase ≥ 265 but < 278 cm)
(04) Full size (wheelbase ≥ 278 but < 291 cm)
(05) Largest (wheelbase ≥ 291 cm)
(09) Unknown passenger car size
(11) Compact utility vehicle
(12) Large utility vehicle (≤ 4,500 kgs GVWR)
(13) Passenger van (≤ 4,500 kgs GVWR)
(14) Other van (≤ 4,500 kgs GVWR)
(15) Pickup truck (≤ 4,500 kgs GVWR)
(18) Other truck (≤ 4,500 kgs GVWR)
(19) Unknown light truck type
(20) School bus
(21) Other bus
(22) Truck (> 4,500 kgs GVWR)
(23) Tractor without trailer
(24) Tractor-trailer(s)
(25) Motored cycle
(28) Other vehicle
(99) Unknown

## CODES FOR GENERAL AREA OF DAMAGE (GAD)

### CDS APPLICABLE AND OTHER VEHICLES

(0) Not a motor vehicle
(N) Noncollision
(F) Front
(R) Right side
(L) Left side
(B) Back
(T) Top
(U) Undercarriage
(9) Unknown

### TDC APPLICABLE VEHICLES

(0) Not a motor vehicle
(N) Noncollision
(F) Front
(R) Right side
(L) Left side
(B) Back of unit with cargo area (rear of trailer or straight truck)
(D) Back (rear of tractor)
(C) Rear of cab
(V) Front of cargo area
(T) Top
(U) Undercarriage
(9) Unknown

## CODES FOR VEHICLE NUMBER OR OBJECT CONTACTED

(01-30) — Vehicle Number

Noncollision
    (31) Overturn — rollover
    (32) Fire or explosion
    (33) Jackknife
    (34) Other intraunit damage (specify):

    _____
    (35) Noncollision injury
    (38) Other noncollision (specify):

    _____
    (39) Noncollision — details unknown

Collision With Fixed Object
    (41) Tree (≤ 10 cm in diameter)
    (42) Tree (> 10 cm in diameter)
    (43) Shrubbery or bush
    (44) Embankment

    (45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post
    (50) Pole or post (≤ 10 cm in diameter)
    (51) Pole or post (> 10 cm but ≤ 30 cm in diameter)
    (52) Pole or post (> 30 cm in diameter)
    (53) Pole or post (diameter unknown)

    (54) Concrete traffic barrier
    (55) Impact attenuator
    (56) Other traffic barrier (includes guardrail) (specify):_____

(57) Fence
(58) Wall
(59) Building
(60) Ditch or culvert
(61) Ground
(62) Fire hydrant
(63) Curb
(64) Bridge
(68) Other fixed object (specify):

_____
(69) Unknown fixed object

Collision with Nonfixed Object
    (71) Motor vehicle not in-transport
    (72) Pedestrian
    (73) Cyclist or cycle
    (74) Other nonmotorist or conveyance

    (75) Vehicle occupant
    (76) Animal
    (77) Train
    (78) Trailer, disconnected in transport
    (88) Other nonfixed object (specify):

    (89) Unknown nonfixed object

    (98) Other event (specify):

    (99) Unknown event or object

PSU, 05-091E
V-01

## OCCUPANT RELATED

16. Driver Presence in Vehicle          /
    (0) Driver not present
    (1) Driver present
    (9) Unknown

17. Number of Occupants This Vehicle      01
    (00-96) Code actual number of occupants
            for this vehicle
    (97) 97 or more
    (99) Unknown

18. Number of Occupant Forms Submitted    01

## VEHICLE WEIGHT ITEMS

19. Vehicle Curb Weight        1, 45 0
    ____Code weight to nearest
         10 kilograms.
    (045) Less than 450 kilograms
    (610) 6,100 kilograms or more
    (999) Unknown

    __ __,__ __ __ lbs X .4536 = 1,449 kgs

    Source:_____

20. Vehicle Cargo Weight       9 9 9 0
    ____Code weight to nearest
         10 kilograms.
    (000) Less than 5 kilograms
    (450) 4,500 kilograms or more
    (999) Unknown

    __ __,__ __ __ lbs X .4536 = __,__ __ __ kgs

## RECONSTRUCTION DATA

21. Towed Trailing Unit              O
    (0) No towed unit
    (1) Yes—towed trailing unit
    (9) Unknown

22. Documentation of Trajectory Data
    for This Vehicle               0 X
    (0) No
    (1) Yes

23. Post Collision Condition of Tree or Pole
    (For Highest Delta V)            O
    (0) Not collision (for highest delta V) with
        tree or pole
    (1) Not damaged
    (2) Cracked/sheared
    (3) Tilted <45 degrees
    (4) Tilted ≥45 degrees
    (5) Uprooted tree
    (6) Separated pole from base
    (7) Pole replaced
    (8) Other (specify):
    _____
    (9) Unknown

24. Rollover                          O
    (0) No rollover (no overturning)

    *Rollover (primarily about the longitudinal axis)*
    (1) Rollover, 1 quarter turn only
    (2) Rollover, 2 quarter turns
    (3) Rollover, 3 quarter turns
    (4) Rollover, 4 or more quarter turns (specify):
    _____

    (5) Rollover--end-over-end (i.e., primarily
        about the lateral axis)
    (9) Rollover (overturn), details unknown

## OVERRIDE/UNDERRIDE (THIS VEHICLE)

25. Front Override/Underride (this Vehicle)   00

26. Rear Override/Underride (this Vehicle)    00

    (0) No override/underride, or
        not an end-to-end impact

    *Override (see specific CDC)*
    (1) 1st CDC
    (2) 2nd CDC
    (3) Other not automated CDC (specify):
    _____

    *Underride (see specific CDC)*
    (4) 1st CDC
    (5) 2nd CDC
    (6) Other not automated CDC (specify):
    _____

    (7) Medium/heavy truck or bus override
    (9) Unknown

## HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

Values: (000)-(359) Code actual value
        (997) Noncollision
        (998) Impact with object
        (999) Unknown

27. Heading Angle For This Vehicle    270/ 180

28. Heading Angle For Other Vehicle   0 0 0

## OTHER DATA

### 56. Driver's Zip Code ___ ___ ___ ___ ___

(00000) Driver not present
(00001) Driver not a resident of U.S. or territories
_____ Code actual 5-digit zip code
(99999) Unknown

### 57. Driver's Race/Ethnic Origin   *9*
(0) Driver not present
(1) White (non-Hispanic)
(2) Black (non-Hispanic)
(3) White (Hispanic)
(4) Black (Hispanic)
(5) American Indian, Eskimo or Aleut
(6) Asian or Pacific Islander
(8) Other (specify):

_____
(9) Unknown

### 58. Vehicle Special Use (This Trip)   *0*
(0) No special use
(1) Taxi
(2) Vehicle used as school bus
(3) Vehicle used as other bus
(4) Military
(5) Police
(6) Ambulance
(7) Fire truck or car
(8) Other (specify): _____
(9) Unknown

## ROLLOVER DATA

If GV07 (Body Type) ≠ 1-49, leave GV59-GV63 blank.
If GV24 (Rollover) = 0, then GV59-GV63 must equal 0.
If GV24 = 9, then GV59-GV63 must equal 9.

### 59. Rollover Initiation Type   *0*
(0) No rollover
(1) Trip-over
(2) Flip-over
(3) Turn-over
(4) Climb-over
(5) Fall-over
(6) Bounce-over
(7) Collision with another vehicle
(8) Other rollover initiation type specify):

_____
(9) Unknown rollover initiation type

### 60. Location of Rollover Initiation   *0*

(0) No rollover
(1) On roadway
(2) On shoulder—paved
(3) On shoulder—unpaved
(4) On roadside or divided trafficway median
(9) Unknown

### 61. Rollover Initiation Object Contacted   *00*

### 62. Location on Vehicle Where Initial Principal   *0*
Tripping Force Is Applied

(0) No rollover
(1) Wheels/tires
(2) Side plane
(3) End plane
(4) Undercarriage
(5) Other location on vehicle (specify):

_____
(8) Non-contact rollover forces (specify):

_____
(9) Unknown

### 63. Direction of Initial Roll   *0*

(0) No rollover
(1) Roll right - primarily about the longitudinal axis
(2) Roll left - primarily about the longitudinal axis

(5) End-over-end (i.e., primarily about the lateral axis)
(9) Unknown roll direction

## PRECRASH DATA

### 64. Pre-Event Movement (Prior to   *01*
Recognition of Critical Event)

(01) Going straight
(02) Slowing or stopping in traffic lane
(03) Starting in traffic lane
(04) Stopped in traffic lane
(05) Passing or overtaking another vehicle
(06) Disabled or parked in travel lane
(07) Leaving a parking position
(08) Entering a parking position
(09) Turning right
(10) Turning left
(11) Making a U-turn
(12) Backing up (other than for parking position)
(13) Negotiating a curve
(14) Changing lanes
(15) Merging
(16) Successful avoidance maneuver to a previous critical event
(97) Other (specify):

_____
(98) No driver present
(99) Unknown

# CODES FOR ROLLOVER INITIATION OBJECT CONTACTED

(00) No rollover
(01-30) — Vehicle Number

Noncollision
(31) Turn-over — fall-over
(33) Jackknife

Collision With Fixed Object
(41) Tree (≤ 10 cm in diameter)
(42) Tree (> 10 cm in diameter)
(43) Shrubbery or bush
(44) Embankment

(45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post
(50) Pole or post (≤ 10 cm in diameter)
(51) Pole or post (> 10 cm but ≤ 30 cm in diameter)
(52) Pole or post (> 30 cm in diameter)
(53) Pole or post (diameter unknown)

(54) Concrete traffic barrier
(55) Impact attenuator
(56) Other traffic barrier (includes guardrail) (specify):_____

(57) Fence
(58) Wall
(59) Building
(60) Ditch or culvert
(61) Ground
(62) Fire hydrant
(63) Curb
(64) Bridge
(68) Other fixed object (specify):
_____
(69) Unknown fixed object

Collision with Nonfixed Object
(71) Motor vehicle not in-transport
(76) Animal
(77) Train
(78) Trailer, disconnected in transport
(88) Other nonfixed object (specify):
_____
(89) Unknown nonfixed object

(98) Other event (specify):
_____
(99) Unknown event or object

PSU NUMBER     _05_

CASE NUMBER     _091E_

VEHICLE NUMBER     _01_

# EXTERIOR

# VEHICLE

# FORM

*THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:*

☒ ENTIRE FORM

[] PAGE NUMBER (S) _____

# INTERIOR VEHICLE FORM

*THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:*

☒ Entire Form

[] Page Number (s) _____

U.S. Department of Transportation

National Highway Traffic Safety Administration

# OCCUPANT ASSESSMENT FORM

Form Approved
O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number          _05_

2. Case Number - Stratum          _09 1 E_

3. Vehicle Number          _01_

4. Occupant Number          _01_

## OCCUPANT'S CHARACTERISTICS

5. Occupant's Age          _19_
   Code actual age at time of accident.
   (00) Less than one year old (specify by month):

   _____

   (97) 97 years and older
   (99) Unknown

6. Occupant's Sex          _2_
   (1) Male
   (2) Female
   (9) Unknown

7. Occupant's Height          _999_
   Code actual height to the nearest
   centimeter.
   (999) Unknown

   __ __ inches X 2.54 = __ __ __ centimeters

8. Occupant's Weight          _999_
   Code actual weight to the nearest
   kilogram.
   (999) Unknown

   __ __ __ pounds X .4536 = __ __ __ kilograms

9. Occupant's Role          _1_
   (1) Driver
   (2) Passenger
   (9) Unknown

## OCCUPANT'S SEATING

10. Occupant's Seat Position          _11_
    *Front Seat*
    (11) Left side
    (12) Middle
    (13) Right side
    (14) Other (specify):_____
    (15) On or in the lap of another occupant

    *Second Seat*
    (21) Left side
    (22) Middle
    (23) Right side
    (24) Other (specify):_____
    (25) On or in the lap of another occupant

    *Third Seat*
    (31) Left side
    (32) Middle
    (33) Right side
    (34) Other (specify):_____
    (35) On or in the lap of another occupant

    *Fourth Seat*
    (41) Left side
    (42) Middle
    (43) Right side
    (44) Other (specify):_____
    (45) On or in the lap of another occupant

    (97) In or on unenclosed area
    (98) Other seat (specify):_____
    (99) Unknown

11. Occupant's Posture          _9_
    (0) Normal posture

    *Abnormal posture*
    (1) Kneeling or standing on seat
    (2) Lying on or across seat
    (3) Kneeling, standing or sitting in front of seat
    (4) Sitting sideways or turned to talk with another
        occupant or to look out a rear window
    (5) Sitting on a console
    (6) Lying back in a reclined seat position
    (7) Bracing with feet or hands on a surface in front
        of seat
    (8) Other abnormal posture (specify):

    _____

    (9) Unknown

## EJECTION/ENTRAPMENT

**12. Ejection**      _O_
- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

**13. Ejection Area**      _O_
- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.) (specify):_____
- (9) Unknown

**14. Ejection Medium**      _O_
- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify):

  _____
- (5) Integral structure
- (8) Other medium (specify):

  _____
- (9) Unknown

**15. Medium Status (Immediately Prior To Impact)** _O_
- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

**16. Entrapment**      _O_
(NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)
- (0) Not entrapped
- (1) Entrapped
- (9) Unknown

## RESTRAINT SYSTEM EVALUATION

17. **Manual (Active) Belt System Availability**     *9*
    (0)   None available
    (1)   Belt removed/destroyed
    (2)   Shoulder belt
    (3)   Lap belt
    (4)   Lap and shoulder belt
    (5)   Belt available—type unknown

    *Integral Belt Partially Destroyed*
    (6)   Shoulder belt (lap belt destroyed/removed)
    (7)   Lap belt (shoulder belt destroyed/removed)

    (8)   Other belt (specify):

    (9)   Unknown _____

18. **Manual (Active) Belt System Use**     *99*
    (00)  None used, not available, or belt removed/destroyed
    (01)  Inoperative (specify): _____

    (02)  Shoulder belt
    (03)  Lap belt
    (04)  Lap and shoulder belt
    (05)  Belt used—type unknown
    (08)  Other belt used (specify):

    (12)  Shoulder belt used with child safety seat
    (13)  Lap belt used with child safety seat
    (14)  Lap and shoulder belt used with child safety seat
    (15)  Belt used with child safety seat—type unknown
    (18)  Other belt used with child safety seat (specify): _____
    (99)  Unknown if belt used

19. **Proper Use of Manual (Active) Belts**     *9*
    (0)   None used or not available
    (1)   Belt used properly
    (2)   Belt used properly with child safety seat

    *Belt Used Improperly*
    (3)   Shoulder belt worn under arm
    (4)   Shoulder belt worn behind back or seat
    (5)   Belt worn around more than one person
    (6)   Lap belt worn on abdomen
    (7)   Lap belt or lap and shoulder belt used improperly with child safety seat (specify):

    (8)   Other improper use of manual belt system (specify): _____

    (9)   Unknown

20. **Manual (Active) Belt Failure Modes During Accident**     *9*
    (0)   No manual belt used
    (1)   No manual belt failure(s)
    (2)   Torn webbing (stretched webbing not included)
    (3)   Broken buckle or latchplate
    (4)   Upper anchorage separated
    (5)   Other anchorage separated (specify):

    (6)   Broken retractor
    (7)   Combination of above (specify):

    (8)   Other manual belt failure (specify):

    (9)   Unknown

21. **Air Bag System Availability/Function**     *9 Ø*
    (0)   Not equipped/not available
    (1)   Air bag

    *Non-functional*
    (2)   Air bag disconnected (specify):
    _____
    (3)   Air bag not reinstalled
    (9)   Unknown

22. **Air Bag System Deployment**     *9 Ø*
    (0)   Not equipped/not available
    (1)   Air bag deployed during accident (as a result of impact)
    (2)   Air bag deployed inadvertently just prior to accident
    (3)   Air bag deployed, accident sequence undetermined
    (4)   Nondeployed
    (5)   Unknown if deployed
    (6)   Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
    (9)   Unknown

23. **Are There Indications of Air Bag System Failure?**     *9 Ø*
    (0)   Not equipped/not available
    (1)   No
    (2)   Yes (specify):
    _____
    (9)   Unknown

    Note:  See Variables 44 through 48 (Page 5) for Information on Automatic Belts

24. **Police Reported Restraint Use**     *4*
    (0)   None used
    (1)   Police did not indicate restraint use
    (2)   Shoulder belt
    (3)   Lap belt
    (4)   Lap and shoulder belt
    (5)   Belt used, type not specified
    (6)   Child safety seat
    (7)   Other or automatic restraint (specify):

    (8)   Restrained, type unknown
    (9)   Police indicated "unknown"

## HEAD RESTRAINT AND SEAT EVALUATION

25. Head Restraint Type/Damage by Occupant    9
    at This Occupant Position
    (0)  No head restraints
    (1)  Integral—no damage
    (2)  Integral—damaged during accident
    (3)  Adjustable—no damage
    (4)  Adjustable—damaged during accident
    (5)  Add-on—no damage
    (6)  Add-on—damaged during accident
    (8)  Other (specify):
    _____
    (9)  Unknown

26. Seat Type (this Occupant Position)    99
    (00)  Occupant not seated or no seat
    (01)  Bucket
    (02)  Bucket with folding back
    (03)  Bench
    (04)  Bench with separate back cushions
    (05)  Bench with folding back(s)
    (06)  Split bench with separate back cushions
    (07)  Split bench with folding back(s)
    (08)  Pedestal (i.e., column supported)
    (09)  Other seat type (specify):
    _____
    (10)  Box mounted seat (i.e., van type)
    (99)  Unknown

27. Seat Performance (this Occupant Position)    9
    (0)  Occupant not seated or no seat
    (1)  No seat performance failure(s)
    (2)  Seat adjusters failed
    (3)  Seat back folding locks or "seat back" failed
    (4)  Seat track/anchors failed
    (5)  Deformed by impact of occupant
    (6)  Deformed by passenger compartment intrusion
         (specify):_____
    _____
    (7)  Combination of above (specify):
    _____
    (8)  Other (specify):
    _____
    (9)  Unknown

## CHILD SAFETY SEAT

28. Child Safety Seat Make/Model        _O O O_
    (000) No child safety seat
    Applicable codes are found in your NASS CDS
    Data Collection, Coding and Editing
    (950) Built-in child safety seat
    (997) Other make/model (specify):

    _____
    (998) Unknown make/model
    (999) Unknown if child safety seat used

29. Type of Child Safety Seat        _O_
    (0) No child safety seat
    (1) Infant seat
    (2) Toddler seat
    (3) Convertible seat
    (4) Booster seat
    (7) Other type child safety seat (specify):

    _____
    (8) Unknown child safety seat type
    (9) Unknown if child safety seat used

30. Child Safety Seat Orientation        _O O_
    (00) No child safety seat

    *Designed for Rear Facing for This Age/Weight*
    (01) Rear facing
    (02) Forward facing
    (08) Other orientation (specify):

    _____
    (09) Unknown orientation

    *Designed For Forward Facing for This Age/Weight*
    (11) Rear facing
    (12) Forward facing
    (18) Other orientation (specify):

    _____
    (19) Unknown orientation

    *Unknown Design or Orientation For This
    Age/Weight, or Unknown Age/Weight*
    (21) Rear facing
    (22) Forward facing
    (28) Other orientation (specify):

    _____
    (29) Unknown orientation

    (99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage        _O O_

32. Child Safety Seat Shield Usage        _O O_

33. Child Safety Seat Tether Usage        _O O_

    Note: Options below applicable to
    Variables OA31-OA33.
    (00) No child safety seat

    *Not Designed With Harness/Shield/Tether*
    (01) After market harness/shield/tether
         added, not used
    (02) After market harness/shield/tether used
    (03) Child safety seat used, but no after market
         harness/shield/tether added
    (09) Unknown if harness/shield/tether
         added or used

    *Designed With Harness/Shield/Tether*
    (11) Harness/shield/tether not used
    (12) Harness/shield/tether used
    (19) Unknown if harness/shield/tether used

    *Unknown If Designed With Harness/Shield/Tether*
    (21) Harness/shield/tether not used
    (22) Harness/shield/tether used
    (29) Unknown if harness/shield/tether used

    (99) Unknown if child safety seat used

## INJURY CONSEQUENCES

**34. Injury Severity (Police Rating)**    _O_

 (0)  O - No injury
 (1)  C - Possible injury
 (2)  B - Nonincapacitating injury
 (3)  A - Incapacitating injury
 (4)  K - Killed
 (5)  U - Injury, severity unknown
 (6)  Died prior to accident
 (9)  Unknown

**35. Treatment - Mortality**    _O_
 (0)  No treatment
 (1)  Fatal
 (2)  Fatal - ruled disease (specify):

 _____

 *Nonfatal*
 (3)  Hospitalization
 (4)  Transported and released
 (5)  Treatment at scene - nontransported
 (6)  Treatment later
 (8)  Treatment - other (specify):

 _____

 (9)  Unknown

**36. Type Of Medical Facility (for Initial Treatment)** _O_
 (0)  Not treated at a medical facility
 (1)  Trauma center
 (2)  Hospital
 (3)  Medical clinic
 (4)  Physician's office
 (5)  Treatment later at medical facility
 (8)  Other (specify):

 _____

 (9)  Unknown

**37. Hospital Stay**    _OO_
 (00)  Not Hospitalized
 _____Code the number of days (up through 60)
 that the occupant stayed in hospital.
 (61)  61 days or more
 (99)  Unknown

**38. Working Days Lost**    _99_
 _____Code the number of days
 (up through 60) that the occupant
 lost from work due to the accident
 (00)  No working days lost
 (61)  61 days or more
 (62)  Fatally injured
 (97)  Not working prior to accident
 (99)  Unknown

**STOP - GO TO VARIABLE 44 ON PAGE 7**

**VARIABLES 39 THROUGH 43 ARE COMPLETED BY THE ZONE CENTER**

**39. Time to Death**    _OO_
 _____Code number of hours from time of
 accident to time of death up through 24
 hours. If time of death is greater than 24
 hours, code number of days. (Note: 1 day =
 31, 2 days = 32, ... n days = 30 +n up
 through 30 days = 60)
 (00)  Not fatal
 (96)  Fatal - ruled disease
 (99)  Unknown

**40. 1st Medically Reported Cause of Death**    _OO_

**41. 2nd Medically Reported Cause of Death**    _OO_

**42. 3rd Medically Reported Cause of Death**    _OO_
 _____Code the Occupant Injury from line
 number(s) for the medically reported
 injury(s) which reportedly contributed to
 this occupant's death
 (00)  Not fatal or no additional causes
 (97)  Other result (includes fatal ruled
       disease) (specify):

 _____

 (99)  Unknown

**43. Number of Recorded Injuries for
 This Occupant**    _02_
 _____Code the actual number of
 injuries recorded for this occupant.
 (00)  No recorded injuries
 (97)  Injured, details unknown
 (99)  Unknown if injured

## AUTOMATIC BELT SYSTEM

**44. Automatic (Passive) Belt System Availability/ Function**   *9 0*
- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

*Non-functional*
- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

**45. Automatic (Passive) Belt System Use**   *9 X*
- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): _____
- (3) Automatic belt use unknown
- (9) Unknown

**46. Automatic (Passive) Belt System Type**   *9 2*
- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

**47. Proper Use of Automatic (Passive Belt System**   *9*
- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

*Automatic Belt Used Improperly*
- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____
- (8) Other improper use of automatic belt system (specify):_____
- (9) Unknown

**48. Automatic (Passive) Belt Failure Modes During Accident**   *9*
- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____
- (6) Broken retractor
- (7) Combination of above (specify):
- (8) Other automatic belt failure (specify): _____
- (9) Unknown _____

**49. Seat Orientation (this Occupant Position)**   *9*
- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify): _____
- (9) Unknown _____

### STOP - VARIABLES 50 THROUGH 52 ARE COMPLETED BY THE ZONE CENTER

## TRAUMA DATA

**50. Glasgow Coma Scale (GCS) Score (at Medical Facility)**   *80*
- (00) Not injured
- (01) Injured - not treated at medical facility
- (02) No GCS Score at medical facility
- (03-15) Code the actual value of the initial GCS Score recorded at medical facility.
- (97) Injured, details unknown
- (99) Unknown if injured

**51. Was the Occupant Given Blood?**   *1*
- (1) No - blood not given
- (2) Yes - blood given (specify units):_____
- (9) Unknown if blood given

**52. Arterial Blood Gases (ABG) – HCO$_3$**   *92*
- (00) Not injured
- (01) Injured, ABGs not measured or reported
- (02-50) Code the actual value of the HCO$_3$
- (96) ABGs reported , HCO$_3$ unknown
- (97) Injured, details unknown
- (99) Unknown if injured

**ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED WITH INITIAL SUBMISSION?**     NO [ ]    YES [✓]

**UPDATE CANDIDATE?**     NO [✓]    YES [ ]

PSU Number     _05_

Case Number     _091E_

Vehicle Number     _01_

Occupant Number     _01_

# OCCUPANT

# INJURY

# FORM

THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:

☒    ENTIRE FORM

[]    PAGE NUMBER (S)    _____

PSU,05-091E

## OCCUPANT RELATED

16. Driver Presence in Vehicle _1_
    (0) Driver not present
    (1) Driver present
    (9) Unknown

17. Number of Occupants This Vehicle _01_
    (00-96) Code actual number of occupants
        for this vehicle
    (97) 97 or more
    (99) Unknown

18. Number of Occupant Forms Submitted _01_

## VEHICLE WEIGHT ITEMS

19. Vehicle Curb Weight _1,22_ 0
    ____ Code weight to nearest
        10 kilograms.
    (045) Less than 450 kilograms
    (610) 6,100 kilograms or more
    (999) Unknown

    __ __,__ __ __ lbs X .4536 = _1,220_ kgs

    Source:_____

20. Vehicle Cargo Weight _0,0 0_ 0
    ____ Code weight to nearest
        10 kilograms.
    (000) Less than 5 kilograms
    (450) 4,500 kilograms or more
    (999) Unknown

    __ __,__ __ __ lbs X .4536 = __,__ __ __ kgs

## RECONSTRUCTION DATA

21. Towed Trailing Unit _0_
    (0) No towed unit
    (1) Yes—towed trailing unit
    (9) Unknown

22. Documentation of Trajectory Data
    for This Vehicle _1_
    (0) No
    (1) Yes

23. Post Collision Condition of Tree or Pole
    (For Highest Delta V) _0_
    (0) Not collision (for highest delta V) with
        tree or pole
    (1) Not damaged
    (2) Cracked/sheared
    (3) Tilted <45 degrees
    (4) Tilted ≥45 degrees
    (5) Uprooted tree
    (6) Separated pole from base
    (7) Pole replaced
    (8) Other (specify):

    _____
    (9) Unknown

24. Rollover _2_
    (0) No rollover (no overturning)

    *Rollover (primarily about the longitudinal axis)*
    (1) Rollover, 1 quarter turn only
    (2) Rollover, 2 quarter turns
    (3) Rollover, 3 quarter turns
    (4) Rollover, 4 or more quarter turns (specify):

    _____

    (5) Rollover--end-over-end (i.e., primarily
        about the lateral axis)
    (9) Rollover (overturn), details unknown

## OVERRIDE/UNDERRIDE (THIS VEHICLE)

25. Front Override/Underride (this Vehicle) _0_

26. Rear Override/Underride (this Vehicle) _0_

    (0) No override/underride, or
        not an end-to-end impact

    *Override (see specific CDC)*
    (1) 1st CDC
    (2) 2nd CDC
    (3) Other not automated CDC (specify):

    _____

    *Underride (see specific CDC)*
    (4) 1st CDC
    (5) 2nd CDC
    (6) Other not automated CDC (specify):

    _____

    (7) Medium/heavy truck or bus override
    (9) Unknown

## HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

Values: (000)-(359) Code actual value
        (997) Noncollision
        (998) Impact with object
        (999) Unknown

27. Heading Angle For This Vehicle _000_

28. Heading Angle For Other Vehicle _~~180~~_
                                      270

## OTHER DATA

**56. Driver's Zip Code**   ___ ___ ___ ___ ___

(00000) Driver not present
(00001) Driver not a resident of U.S. or territories
_____ Code actual 5-digit zip code
(99999) Unknown

**57. Driver's Race/Ethnic Origin**   _9_
(0) Driver not present
(1) White (non-Hispanic)
(2) Black (non-Hispanic)
(3) White (Hispanic)
(4) Black (Hispanic)
(5) American Indian, Eskimo or Aleut
(6) Asian or Pacific Islander
(8) Other (specify):
_____
(9) Unknown

**58. Vehicle Special Use (This Trip)**   _0_
(0) No special use
(1) Taxi
(2) Vehicle used as school bus
(3) Vehicle used as other bus
(4) Military
(5) Police
(6) Ambulance
(7) Fire truck or car
(8) Other (specify): _____
(9) Unknown

## ROLLOVER DATA

If GV07 (Body Type) ≠ 1-49, leave GV59-GV63 blank.
If GV24 (Rollover) = 0, then GV59-GV63 must equal 0.
If GV24 = 9, then GV59-GV63 must equal 9.

**59. Rollover Initiation Type**   ~~7 0~~  3
(0) No rollover
(1) Trip-over
(2) Flip-over
(3) Turn-over
(4) Climb-over
(5) Fall-over
(6) Bounce-over
(7) Collision with another vehicle
(8) Other rollover initiation type specify):
_____
(9) Unknown rollover initiation type

**60. Location of Rollover Initiation**   1 ~~0~~

(0) No rollover
(1) On roadway
(2) On shoulder—paved
(3) On shoulder—unpaved
(4) On roadside or divided trafficway median
(9) Unknown

**61. Rollover Initiation Object Contacted**   ~~01~~ ~~00~~ ___
31

**62. Location on Vehicle Where Initial Principal**   ~~0~~
**Tripping Force Is Applied**   ~~28~~

(0) No rollover
(1) Wheels/tires
(2) Side plane
(3) End plane
(4) Undercarriage
(5) Other location on vehicle (specify):
_____
(8) Non-contact rollover forces (specify):
_____
(9) Unknown

**63. Direction of Initial Roll**   2 ~~0~~

(0) No rollover
(1) Roll right - primarily about the longitudinal axis
(2) Roll left - primarily about the longitudinal axis

(5) End-over-end (i.e., primarily about the lateral axis)
(9) Unknown roll direction

## PRECRASH DATA

**64. Pre-Event Movement (Prior to**   _01_
**Recognition of Critical Event)**

(01) Going straight
(02) Slowing or stopping in traffic lane
(03) Starting in traffic lane
(04) Stopped in traffic lane
(05) Passing or overtaking another vehicle
(06) Disabled or parked in travel lane
(07) Leaving a parking position
(08) Entering a parking position
(09) Turning right
(10) Turning left
(11) Making a U-turn
(12) Backing up (other than for parking position)
(13) Negotiating a curve
(14) Changing lanes
(15) Merging
(16) Successful avoidance maneuver to a previous critical event
(97) Other (specify):
_____
(98) No driver present
(99) Unknown

# CODES FOR ROLLOVER INITIATION OBJECT CONTACTED

(00) No rollover
(01-30) — Vehicle Number

Noncollision
(31) Turn-over — fall-over
(33) Jackknife

Collision With Fixed Object
(41) Tree (≤ 10 cm in diameter)
(42) Tree (> 10 cm in diameter)
(43) Shrubbery or bush
(44) Embankment

(45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post
(50) Pole or post (≤ 10 cm in diameter)
(51) Pole or post (> 10 cm but ≤ 30 cm in diameter)
(52) Pole or post (> 30 cm in diameter)
(53) Pole or post (diameter unknown)

(54) Concrete traffic barrier
(55) Impact attenuator
(56) Other traffic barrier (includes guardrail)
(specify):_____

(57) Fence
(58) Wall
(59) Building
(60) Ditch or culvert
(61) Ground
(62) Fire hydrant
(63) Curb
(64) Bridge
(68) Other fixed object (specify):
_____
(69) Unknown fixed object

Collision with Nonfixed Object
(71) Motor vehicle not in-transport
(76) Animal
(77) Train
(78) Trailer, disconnected in transport
(88) Other nonfixed object (specify):
_____
(89) Unknown nonfixed object

(98) Other event (specify):
_____
(99) Unknown event or object

U.S. Department of Transportation
National Highway Traffic Safety Administration

# EXTERIOR VEHICLE FORM

| | |
|---|---|
| 1. Primary Sampling Unit Number _05_ | 3. Vehicle Number _02_ |
| 2. Case Number - Stratum _09_ _1_ _E_ | |

## VEHICLE IDENTIFICATION

VIN _J T 2 S V 2 1 W 6 M 0_ _ _ _ _ _ _     Model Year _91_

Vehicle Make (specify): _TOYOTA_     Vehicle Model (specify): _Camry_

## LOCATOR

Locate the end of the damage with respect to the vehicle longitudinal center line or bumper corner for end impacts or an undamaged axle for side impacts.

| Specific Impact No. | Location of Direct Damage | Location of Field L |
|---|---|---|
| 1 | STARTS 40cm forward of REAR AXLE | SAME |
| | | |
| | | |

## CRUSH PROFILE IN CENTIMETERS

NOTES: Identify the plane at which the C-measurements are taken (e.g., at bumper, above bumper, at sill, above sill, etc.) and label adjustments (e.g., free space).

Measure and document on the vehicle diagram the location of maximum crush.

Measure C1 to C6 from driver to passenger side in front or rear impacts and rear to front in side impacts.

Free space value is defined as the distance between the baseline and the original body contour taken at the individual C locations. This may include the following: bumper lead, bumper taper, side protrusion, side taper, etc. Record the value for each C-measurement and maximum crush.

Use as many lines/columns as necessary to describe each damage profile.

| Specific Impact Number | Plane of Impact C-Measurements | Direct Damage Width (CDC) | Direct Damage Max Crush | Field L | $C_1$ | $C_2$ | $C_3$ | $C_4$ | $C_5$ | $C_6$ | $\pm D$ |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | Left Side | 140 | ↓ | 140 | 7 | 7.5 | 11 | 9.5 | 4 | 3.5 | — |
| | Free Space | — | ↓ | — | 4 | 4 | 4 | 0 | 0 | 0 | — |
| | Crush | 140 | 9.5 | 140 | 3 | 2.5 | 7 | 9.5 | 4 | 3.5 | −20 |
| | | | | | | | | | | | |
| 2 | | | | | | | | | | | |
| | | | | | | | | | | | |
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| | | | | | | | | | | | |

HS Form 435A (Rev. 1/93)

# VEHICLE DAMAGE SKETCH

## TIRE—WHEEL DAMAGE

a. Rotation physically restricted    b. Tire deflated

| | |
|---|---|
| RF 2 | RF 2 |
| LF 2 | LF 2 |
| RR 2 | RR 2 |
| LR 2 | LR 2 |

(1) Yes  (2) No  (8) NA  (9) Unk.

## TYPE OF TRANSMISSION

☐ Manual    ☑ Automatic

## ORIGINAL SPECIFICATIONS

| | | |
|---|---|---|
| Wheelbase | 260 | cm |
| Overall Length | 463 | cm |
| Maximum Width | 171 | cm |
| Curb Weight | 1220 | kg |
| Average Track | 148 | cm |
| Front Overhang | N/A | cm |
| Rear Overhang | N/A | cm |
| Undeformed End Width | N/A | cm |
| Engine Size: cyl./displ. | — | L |

## WHEEL STEER ANGLES
(For locked front wheels or displaced rear axles only)

| | | |
|---|---|---|
| RF ± | N/A | ° |
| LF ± | | ° |
| RR ± | | ° |
| LR ± | | ° |

Within ± 5 degrees

## DRIVE WHEELS

☑ FWD   ☐ RWD   ☐ 4WD

Approximate
Cargo Weight ___000___ kg

## MEASUREMENTS IN CENTIMETERS



Original Bumper height

147

14
10

Towing Damage

Missing Taillight

143

Rollover Damage

POST-CRASH

Bumper corner  84    259    110  Bumper corner
Stringline  N/A    N/A  Stringline

SCRAPE

POST-CRASH

Bumper corner  109    259    85  Bumper corner
Stringline  N/A    N/A  Stringline

SCRAPE
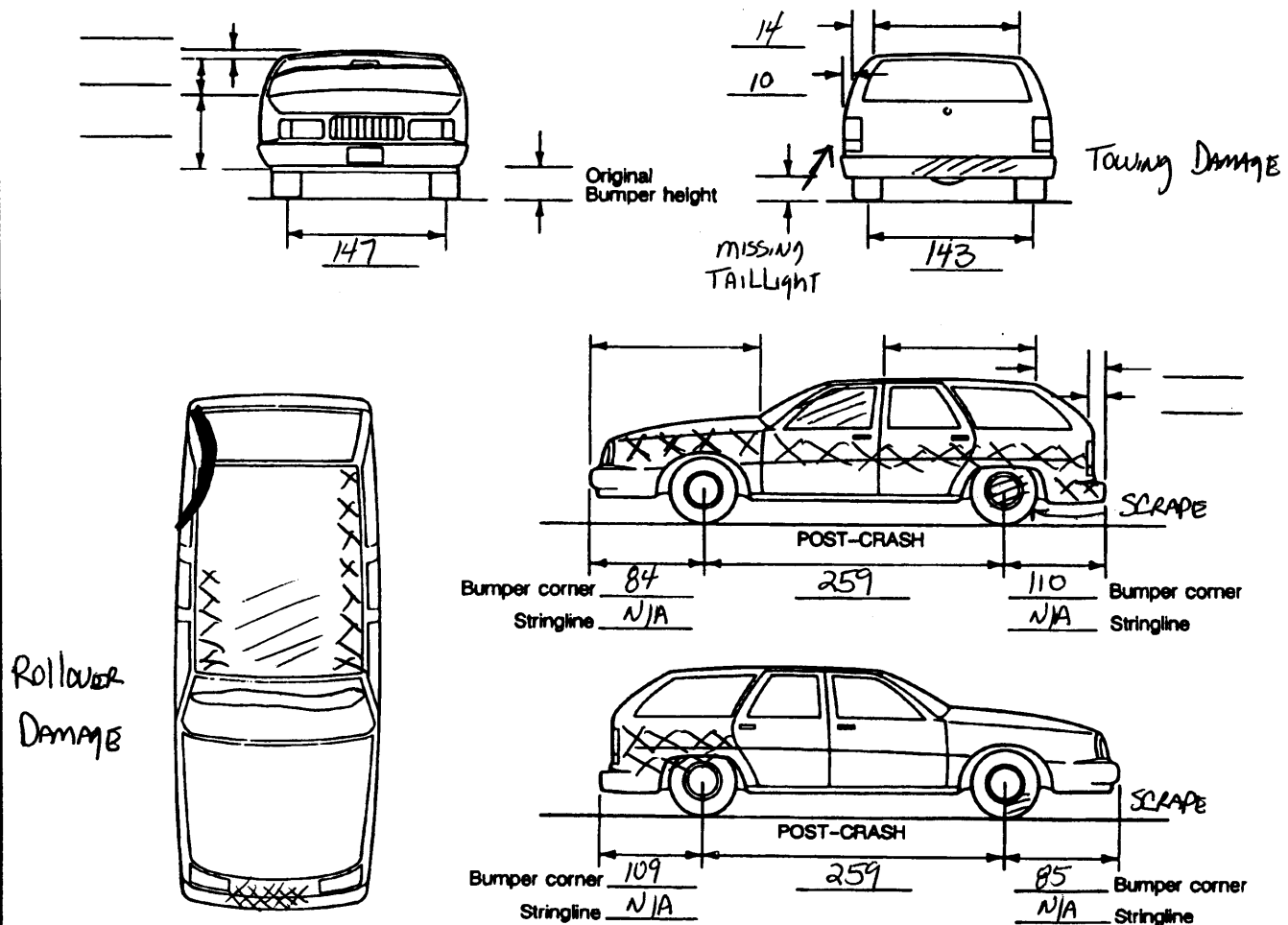
NOTES:    Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views.  Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewalls, etc.).  If pulling trailer, sketch type of trailer and damage received on the back of this page.

Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.

# CDC WORKSHEET

## CODES FOR OBJECT CONTACTED

(01-30) — Vehicle Number

Noncollision
- (31) Overturn — rollover
- (32) Fire or explosion
- (33) Jackknife
- (34) Other intraunit damage (specify):
  _____
- (35) Noncollision injury
- (38) Other noncollision (specify):
  _____
- (39) Noncollision — details unknown

Collision With Fixed Object
- (41) Tree (≤ 10 cm in diameter)
- (42) Tree (> 10 cm in diameter)
- (43) Shrubbery or bush
- (44) Embankment

- (45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post
- (50) Pole or post (≤ 10 cm in diameter)
- (51) Pole or post (> 10 cm but ≤ 30 cm in diameter)
- (52) Pole or post (> 30 cm in diameter)
- (53) Pole or post (diameter unknown)

- (54) Concrete traffic barrier
- (55) Impact attenuator
- (56) Other traffic barrier (includes guardrail) (specify):_____

- (57) Fence
- (58) Wall
- (59) Building
- (60) Ditch or culvert
- (61) Ground
- (62) Fire hydrant
- (63) Curb
- (64) Bridge
- (68) Other fixed object (specify):
  _____
- (69) Unknown fixed object

Collision with Nonfixed Object
- (71) Motor vehicle not in-transport
- (72) Pedestrian
- (73) Cyclist or cycle
- (74) Other nonmotorist or conveyance
  _____
- (75) Vehicle occupant
- (76) Animal
- (77) Train
- (78) Trailer, disconnected in transport
- (88) Other nonfixed object (specify):
  _____
- (89) Unknown nonfixed object

- (98) Other event (specify):
  _____
- (99) Unknown event or object

## DEFORMATION CLASSIFICATION BY EVENT NUMBER

| Accident Event Sequence Number | Object Contacted | (1) (2) Direction of Force (degrees) | Incremental Value of Shift | (3) Deformation Location | (4) Specific Longitudinal or Lateral Location | (5) Specific Vertical or Lateral Location | (6) Type of Damage Distribution | (7) Deformation Extent |
|---|---|---|---|---|---|---|---|---|
| 0 1 | 0 1 | + 050 | — — | R | Y | E | W | ___ |
| 0 2 | 31 | 0 0 0 | — — | T | D | D | O | ___ |
| ___ | ___ | _____ | ___ | __ | __ | __ | __ | ___ |
| ___ | ___ | _____ | ___ | __ | __ | __ | __ | ___ |
| ___ | ___ | _____ | ___ | __ | __ | __ | __ | ___ |
| ___ | ___ | _____ | ___ | __ | __ | __ | __ | ___ |
| ___ | ___ | _____ | ___ | __ | __ | __ | __ | ___ |
| ___ | ___ | _____ | ___ | __ | __ | __ | __ | ___ |
| ___ | ___ | _____ | ___ | __ | __ | __ | __ | ___ |
| ___ | ___ | _____ | ___ | __ | __ | __ | __ | ___ |
| ___ | ___ | _____ | ___ | __ | __ | __ | __ | ___ |

U.S. Department of Transportation
National Highway Traffic Safety
Administration

**INTERIOR VEHICLE FORM**

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number    _05_

2. Case Number - Stratum    _09_ _I_ _E_

3. Vehicle Number    _02_

## INTEGRITY

4. Passenger Compartment Integrity    _12_
   (00) No integrity loss

   Yes, Integrity Was Lost Through
   (01) Windshield
   (02) Door (side)
   (03) Door/hatch (back door)
   (04) Roof
   (05) Roof glass
   (06) Side window
   (07) Rear window (backlight)
   (08) Roof and roof glass
   (09) Windshield and door (side)
   (10) Windshield and roof
   (11) Side and rear window (side window and backlight)
   (12) Windshield and side window
   (13) Door and side window
   (98) Other combination of above (specify):

   _____

   (99) Unknown

### Door, Tailgate or Hatch Opening

5. LF_3_ 6. RF_1_ 7. LR_3_ 8. RR_1_ 9. TG/H_1_

   (0) No door/gate/hatch
   (1) Door/gate/hatch remained closed and operational
   (2) Door/gate/hatch came open during collision
   (3) Door/gate/hatch jammed shut
   (8) Other (specify):

   _____

   (9) Unknown

### Damage/Failure Associated with Door, Tailgate or Hatch Opening in Collision. If IV05-IV09 ≠ 2, Then code Ø

10. LF_0_ 11. RF_0_ 12. LR_0_ 13. RR_0_ 14. TG/H_0_

   (0) No door/gate/hatch or door not opened

   Door, Tailgate or Hatch Came Open During Collision
   (1) Door operational (no damage)
   (2) Latch/striker failure due to damage
   (3) Hinge failure due to damage
   (4) Door structure failure due to damage
   (5) Door support (i.e., pillar, sill, roof side rail, etc.) failure due to damage
   (6) Latch/striker and hinge failure due to damage
   (8) Other failure (specify):

   _____

   (9) Unknown

## GLAZING

### Glazing Damage from Impact Forces

15. WS_3_ 16. LF_6_ 17. RF_6_ 18. LR_0_ 19. RR_0_

20. BL_0_ 21. Roof_8_ 22. Other_0_

   (0) No glazing damage from impact forces
   (2) Glazing in place and cracked from impact forces
   (3) Glazing in place and holed from impact forces
   (4) Glazing out-of-place (cracked or not) and not holed from impact forces
   (5) Glazing out-of-place and holed from impact forces
   (6) Glazing disintegrated from impact forces
   (7) Glazing removed prior to accident
   (8) No glazing
   (9) Unknown if damaged

### Glazing Damage from Occupant Contact

23. WS_0_ 24. LF_9_ 25. RF_9_ 26. LR_0_ 27. RR_0_

28. BL_0_ 29. Roof_0_ 30. Other_0_

   (0) No occupant contact to glazing or no glazing
   (1) Glazing contacted by occupant but no glazing damage
   (2) Glazing in place and cracked by occupant contact
   (3) Glazing in place and holed by occupant contact
   (4) Glazing out-of-place (cracked or not) by occupant contact and not holed by occupant contact
   (5) Glazing out-of-place by occupant contact and holed by occupant contact
   (6) Glazing disintegrated by occupant contact
   (9) Unknown if contacted by occupant

### If No Glazing Damage *And* No Occupant Contact or No Glazing, Then Code IV31 Through IV46 As Ø

### Type of Window/Windshield Glazing

31. WS_1_ 32. LF_2_ 33. RF_2_ 34. LR_0_ 35. RR_0_

36. BL_0_ 37. Roof_0_ 38. Other_0_

   (0) No glazing contact and no damage, or no glazing
   (1) AS-1 — Laminated
   (2) AS-2 — Tempered
   (3) AS-3 — Tempered-tinted
   (4) AS-14 — Glass/Plastic
   (8) Other (specify):

   _____

   (9) Unknown

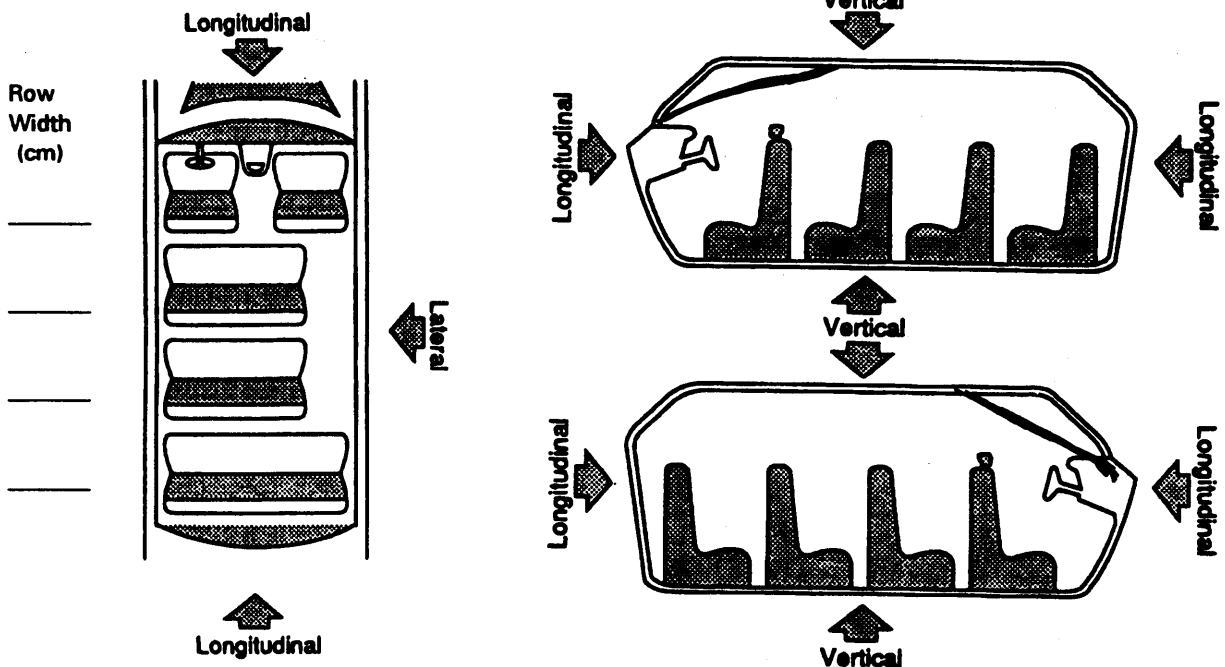### Window Precrash Glazing Status

39. WS_1_ 40. LF_2_ 41. RF_2_ 42. LR_0_ 43. RR_0_

44. BL_0_ 45. Roof_0_ 46. Other_0_

   (0) No glazing contact and no damage, or no glazing
   (1) Fixed
   (2) Closed
   (3) Partially opened
   (4) Fully opened
   (9) Unknown

# INTRUSION WORKSHEET
## Note: Sketch intruded areas



| LOCATION OF INTRUSION | INTRUDED COMPONENT | COMPARISON VALUE | − | INTRUDED VALUE | = | INTRUSION | DOMINANT CRUSH DIRECTION |
|---|---|---|---|---|---|---|---|
| | | | | (All Measurements Are In Centimeters) | | | |
| 11 | Header | 120 | − | 114 | = | 7 ✓ | Vert |
| 12 | Header | 120 | − | 98 | = | 22 ✓ | Vert |
| 13 | Header | 120 | − | 87 | = | 33 ✓ | Vert |
| 11 | Roof | 85 | − | 80 (seat) | = | 5 | Vert |
| 12 | Roof | 85 | − | 68 (seat) | = | 17 ✓ | Vert |
| 13 | Roof | 85 | − | 73 (seat) | = | 12 ✓ | Vert |
| | | | − | | = | | |
| | | | − | | = | | |
| | | | − | | = | | |
| | | | − | | = | | |
| | | | − | | = | | |
| | | | − | | = | | |
| | | | − | | = | | |
| | | | − | | = | | |
| | | | − | | = | | |
| | | | − | | = | | |

Document no more than the 15 most severe intrusions

## OCCUPANT AREA INTRUSION

**Note: If no intrusions, leave variables IV47-IV86 blank.**

| | Location of Intrusion | Intruding Component | Magnitude of Intrusion | Dominant Crush Direction |
|---|---|---|---|---|
| 1st | 47. _13_ | 48. _15_ | 49. _4_ | 50. _1_ |
| 2nd | 51. _12_ | 52. _15_ | 53. _4_ | 54. _1_ |
| 3rd | 55. _12_ | 56. _12_ | 57. _3_ | 58. _1_ |
| 4th | 59. _13_ | 60. _12_ | 61. _3_ | 62. _1_ |
| 5th | 63. _11_ | 64. _15_ | 65. _1_ | 66. _1_ |
| 6th | 67. _11_ | 68. _12_ | 69. _1_ | 70. _1_ |
| 7th | 71. _13_ | 72. _06_ | 73. _1_ | 74. _1_ |
| 8th | 75. _13_ | 76. _13_ | 77. _1_ | 78. _1_ |
| 9th | 79. _____ | 80. _____ | 81. _____ | 82. _____ |
| 10th | 83. _____ | 84. _____ | 85. _____ | 86. _____ |

**INTRUDING COMPONENT**

*Interior Components*
- (01) Steering assembly
- (02) Instrument panel left
- (03) Instrument panel center
- (04) Instrument panel right
- (05) Toe pan
- (06) A (A1/A2)-pillar
- (07) B-pillar
- (08) C-pillar
- (09) D-pillar
- (10) Door panel (side)
- (12) Roof (or convertible top)
- (13) Roof side rail
- (14) Windshield
- (15) Windshield header
- (16) Window frame
- (17) Floor pan (includes sill)
- (18) Backlight header
- (19) Front seat back
- (20) Second seat back
- (21) Third seat back
- (22) Fourth seat back
- (23) Fifth seat back
- (24) Seat cushion
- (25) Back door/panel (e.g., tailgate)
- (26) Other interior component (specify): _____
- (27) Side panel - forward of the A (A2)-pillar
- (28) Side panel - rear of the A (A2)-pillar

*Exterior Components*
- (30) Hood
- (31) Outside surface of this vehicle (specify): _____
- (32) Other exterior object in the environment (specify): _____
- (33) Unknown exterior object
- (97) Catastrophic
- (98) Intrusion of unlisted component(s) (specify): _____
- (99) Unknown

**LOCATION OF INTRUSION**

Front Seat
- (11) Left
- (12) Middle
- (13) Right

Second Seat
- (21) Left
- (22) Middle
- (23) Right

Third Seat
- (31) Left
- (32) Middle
- (33) Right

Fourth Seat
- (41) Left
- (42) Middle
- (43) Right

- (97) Catastrophic
- (98) Other enclosed area (specify) _____
- (99) Unknown

**MAGNITUDE OF INTRUSION**
- (1) ≥ 3 centimeters but < 8 centimeters
- (2) ≥ 8 centimeters but < 15 centimeters
- (3) ≥ 15 centimeters but < 30 centimeters
- (4) ≥ 30 centimeters but < 46 centimeters
- (5) ≥ 46 centimeters but < 61 centimeters
- (6) ≥ 61 centimeters
- (7) Catastrophic
- (9) Unknown

**DOMINANT CRUSH DIRECTION**
- (1) Vertical
- (2) Longitudinal
- (3) Lateral
- (7) Catastrophic
- (9) Unknown

# STEERING RIM/SPOKE DEFORMATION

**(All Measurements Are In Centimeters)**

| COMPARISON VALUE | — | DAMAGE VALUE | = | DEFORMATION |
|---|---|---|---|---|
| | — | | = | |
| | — | | = | |
| | — | | = | |
| | — | | = | |

## STEERING COLUMN

**87. Steering Column Type**          *2*
(1) Fixed column
(2) Tilt column
(3) Telescoping column
(4) Tilt and telescoping column
(8) Other column type (specify):

_____
(9) Unknown

**88. Blank**          **X X**
(This variable is left blank
so that numbering consistency
can be maintained with the
1988-93 CDS.

**89. Blank**          **X X X**
(This variable is left blank
so that numbering consistency
can be maintained with the
1988-93 CDS.

**90. Blank**          **X X X**
(This variable is left blank
so that numbering consistency
can be maintained with the
1988-93 CDS.

**91. Blank**          **X X X**
(This variable is left blank
so that numbering consistency
can be maintained with the
1988-93 CDS.

**92. Steering Rim/Spoke Deformation**          *00*
_____Code actual measured
deformation to the nearest centimeter
(00) No steering rim deformation
(01-14) Actual measured value in centimeters
(15) 15 centimeters or more
(98) Observed deformation cannot be measured
(99) Unknown

**93. Location of Steering Rim/Spoke**          *00*
**Deformation**
(00) No steering rim deformation

*Quarter Sections*
(01) Section A
(02) Section B
(03) Section C
(04) Section D

*Half Sections*
(05) Upper half of rim/spoke
(06) Lower half of rim/spoke
(07) Left half of rim/spoke
(08) Right half of rim/spoke
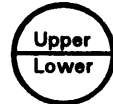
(09) Complete steering wheel collapse
(10) Undetermined location
(99) Unknown

## INSTRUMENT PANEL

**94. Odometer Reading**          *0 7 9* ,000

_____ kilometers—Code to the
nearest 1,000 kilometers
(000) No odometer
(001) Less than 1,500 kilometers
(500) 499,500 kilometers or more
(999) Unknown

*48,835* miles X 1.6093 = *78,590* kilometers

Source: *Inspection*

**95. Instrument Panel Damage from**
**Occupant Contact?**          *0*
(0) No
(1) Yes
(9) Unknown

**96. Knee Bolsters Deformed from**
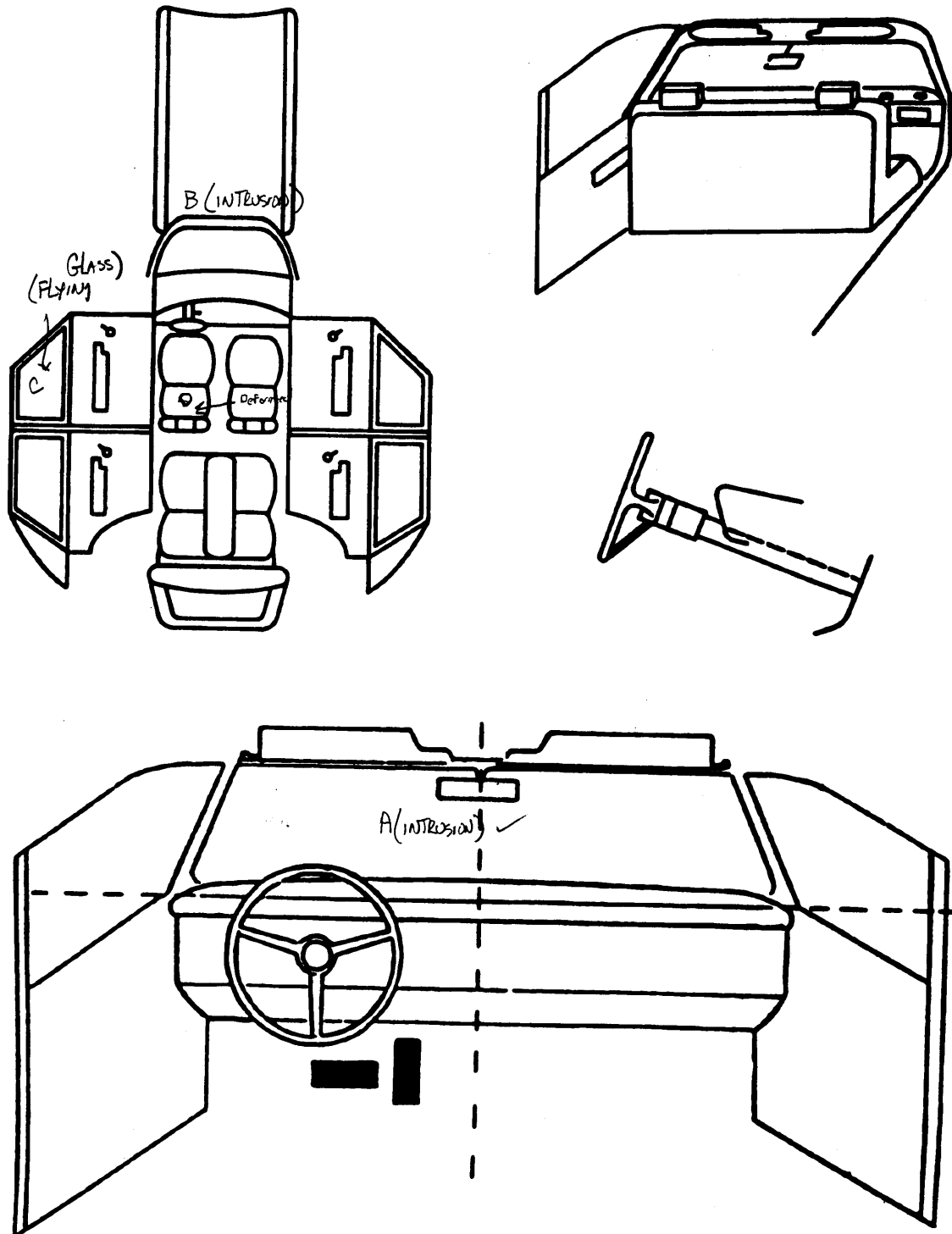**Occupant Contact?**          *8*
(0) No
(1) Yes
(8) Not present
(9) Unknown

**97. Did Glove Compartment Door Open**
**During Collision(s)?**          *0*
(0) No
(1) Yes
(8) Not present
(9) Unknown

# VEHICLE INTERIOR SKETCHES

**Note area of ejection/entrapment**



B (INTRUSION)

(GLASS)
(FLYING

C

Deform

A (INTRUSION) ✓

Sketch windshield contact(s) and the damaged area(s) on the instrument panel outline (e.g., radio, glove compartment, damage to instrument panel structure.
Cross hatch contact points, draw spider webs or use other annotation as may be appropriate.
Annotate the contacted area with a letter (begin with A) and list on the Points of Occupant Contact page.

## POINTS OF OCCUPANT CONTACT

| Contact | Interior Component Contacted | Occupant No. If Known | Body Region If Known | Supporting Physical Evidence | Confidence Level of Contact Point |
|---------|------------------------------|-----------------------|----------------------|------------------------------|-----------------------------------|
| A | 01 | ~~FACE~~ 1 | FACE | INTRUSION VARIABLE | 1 |
| B | 54 | 1 | HEAD | '' '' | 3 |
| C | 25 | 1 | U. TORSO | FLYING GLASS | 3 |
| D | 40 | 1 | BACK | DEFORMED | 3 |
| E | | | | | |
| F | | | | | |
| G | | | | | |
| H | | | | | |
| I | | | | | |
| J | | | | | |
| K | | | | | |
| L | | | | | |
| M | | | | | |
| N | | | | | |

### CODES FOR INTERIOR COMPONENTS

**FRONT**
(01) Windshield
(02) Mirror
(03) Sunvisor
(04) Steering wheel rim
(05) Steering wheel hub/spoke
(06) Steering wheel (combination of codes 04 and 05)
(07) Steering column, transmission selector lever, other attachment
(08) Add on equipment (e.g., CB, tape deck, air conditioner)
(09) Left instrument panel and below
(10) Center instrument panel and below
(11) Right instrument panel and below
(12) Glove compartment door
(13) Knee bolster
(14) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
(15) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
(16) Driver side air bag compartment cover
(17) Passenger side air bag compartment cover
(18) Windshield reinforced by exterior object (specify):_____
(19) Other front object (specify):
_____

**LEFT SIDE**
(20) Left side interior surface, excluding hardware or armrests
(21) Left side hardware or armrest
(22) Left A (A1/A2)-pillar
(23) Left B-pillar
(24) Other left pillar (specify):
_____
(25) Left side window glass or frame
(26) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
(27) Other left side object (specify):
_____
(28) Left side window sill

**RIGHT SIDE**
(30) Right side interior surface, excluding hardware or armrests
(31) Right side hardware or armrest
(32) Right A (A1/A2)-pillar
(33) Right B-pillar
(34) Other right pillar (specify):
_____
(35) Right side window glass or frame
(36) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B pillar, or roof side rail.
(37) Other right side object (specify):
_____
(38) Right side window sill

**INTERIOR**
(40) Seat, back support
(41) Belt restraint webbing/buckle
(42) Belt restraint B-pillar attachment point
(43) Other restraint system component (specify):_____
(44) Head restraint system
(45) Air bag (use codes "16" and "17" for injuries sustained from air bag compartment covers)

(46) Other occupants (specify):
_____
(47) Interior loose objects
(48) Child safety seat (specify):
_____
(49) Other interior object (specify):
_____

**ROOF**
(50) Front header
(51) Rear header
(52) Roof left side rail
(53) Roof right side rail
(54) Roof or convertible top

**FLOOR**
(56) Floor (including toe pan)
(57) Floor or console mounted transmission lever, including console
(58) Parking brake handle
(59) Foot controls including parking brake

**REAR**
(60) Backlight (rear window)
(61) Backlight storage rack, door, etc.
(62) Other rear object (specify):
_____

**CONFIDENCE LEVEL OF CONTACT POINT**

(1) Certain
(2) Probable
(3) Possible
(9) Unknown

# AUTOMATIC RESTRAINTS

NOTES: Encode the data for each applicable front seat position. The attribute for the variables may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

## AIR BAGS

| | | Left | Right |
|---|---|---|---|
| **F I R S T** | Availability/Function | | |
| | Deployment | | |
| | Failure | | |

**Air Bag System Availability/Function**
- (0) Not equipped/not available
- (1) Air bag

*Non-functional*
- (2) Air bag disconnected (specify): _____
- (3) Air bag not reinstalled
- (9) Unknown

**Air Bag System Deployment**
- (0) Not equipped/not available
- (1) Air bag deployed during accident (as a result of impact)
- (2) Air bag deployed inadvertently just prior to accident
- (3) Air bag deployed, accident sequence undetermined
- (4) Nondeployed
- (5) Unknown if deployed
- (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (9) Unknown

**Did Air Bag System Fail?**
- (0) Not equipped/not available
- (1) No
- (2) Yes (specify): _____
- (9) Unknown

## AUTOMATIC BELTS

| | | Left | Right |
|---|---|---|---|
| **F I R S T** | Availability/Function | / | / |
| | Use | / | / |
| | Type | 2 | 2 |
| | Proper Use | / | / |
| | Failure Modes | / | / |

**Automatic (Passive) Belt System Availability/Function**
- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

*Non-functional*
- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

**Automatic (Passive) Belt System Use**
- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative)
- (3) Automatic belt use unknown
- (9) Unknown

**Automatic (Passive) Belt System Type**
- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

**Proper Use of Automatic (Passive) Belt System**
- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

*Automatic Belt Used Improperly*
- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____
- (8) Other improper use of automatic belt system (specify): _____
- (9) Unknown

**Automatic (Passive) Belt Failure Modes During Accident**
- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____
- (6) Broken retractor
- (7) Combination of above (specify): _____
- (8) Other automatic belt failure (specify): _____
- (9) Unknown

## MANUAL RESTRAINTS

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Ocupant Assessment Form.

If a Child safety seat is present, encode the data on the back of this page.

If the vehicle has automatic restraints available, encode the appropriate data on the back of the previous page.

| | | Left | Center | Right |
|---|---|---|---|---|
| **FIRST** | Availability | 3 | ✗ | 3 |
| | Use | 00 | ✗ | 00 |
| | Failure Modes | 0 | ✗ | 0 |
| **SECOND** | Availability | 4 | 3 | 4 |
| | Use | 00 | 00 | 00 |
| | Failure Modes | 0 | 0 | 0 |
| **THIRD** | Availability | | | |
| | Use | | | |
| | Failure Modes | | | |
| **OTHER** | Availability | | | |
| | Use | | | |
| | Failure Modes | | | |

**Manual (Active) Belt System Availability**
(0) None available
(1) Belt removed/destroyed
(2) Shoulder belt
(3) Lap belt
(4) Lap and shoulder belt
(5) Belt available - type unknown

*Integral Belt Partially Destroyed*
(6) Shoulder belt (lap belt destroyed/removed)
(7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify): _____

(9) Unknown _____

**Manual (Active) Belt System Use**
(00) None used, not available, or belt removed/destroyed
(01) Inoperable (specify): _____
(02) Shoulder belt
(03) Lap belt
(04) Lap and shoulder belt
(05) Belt used - type unknown

(08) Other belt used (specify): _____

(12) Shoulder belt used with child safety seat
(13) Lap belt used with child safety seat
(14) Lap and shoulder belt used with child safety seat
(15) Belt used with child safety seat - type unknown
(18) Other belt used with child safety seat (specify): _____
(99) Unknown if belt used

**Manual (Active) Belt Failure Modes During Accident**
(0) No manual belt used or not available
(1) No manual belt failure(s)
(2) Torn webbing (stretched webbing not included)
(3) Broken buckle or latchplate
(4) Upper anchorage separated
(5) Other anchorage separated (specify): _____
(6) Broken retractor
(7) Combination of above (specify): _____
(8) Other manual belt failure (specify): _____
(9) Unknown _____

# CHILD SAFETY SEAT FIELD ASSESSMENT

When a child safety seat is present enter the occupant's number in the first row and complete the column below the occupant's number using the codes listed below. Complete a column for each child safety seat present.

| Occupant Number | | | | | | |
|---|---|---|---|---|---|---|
| 1. Type of Child Safety Seat | | | | | | |
| 2. Child Safety Seat Orientation | | | | | | |
| 3. Child Safety Seat Harness Usage | | | | | | |
| 4. Child Safety Seat Shield Uasge | | | | | | |
| 5. Child Safety Seat Tether Usage | | | | | | |
| 6. Child Safety Seat Make/Model | Specify Below for Each Child Safety Seat | | | | | |

1. Type of Child Safety Seat

   (0) No child safety seat
   (1) Infant seat
   (2) Toddler seat
   (3) Convertible seat
   (4) Booster seat
   (7) Other type child safety seat (specify):

   _____
   (8) Unknown child safety seat type
   (9) Unknown if child safety seat used

2. Child Safety Seat Orientation

   (00) No child safety seat

   Designed for Rear Facing for
   This Age/Weight
   (01) Rear facing
   (02) Forward facing
   (08) Other orientation (specify):

   _____
   (09) Unknown orientation

   Designed for Forward Facing for This
   Age/Weight
   (11) Rear facing
   (12) Forward facing
   (18) Other orientation (specify):

   _____
   (19) Unknown orientation

   Unknown Design or Orientation For This
   Age/Weight, or Unknown Age/Weight
   (21) Rear facing
   (22) Forward facing
   (28) Other orientation (specify):

   _____
   (29) Unknown orientation

   (99) Unknown if child safety seat used

3. Child Safety Seat Harness Usage

4. Child Safety Seat Shield Usage

5. Child Safety Seat Tether Usage
   Note: Options Below Are Used for Variables 3-5.

   (00) No child safety seat

   Not Designed with Harness/Shield/Tether
   (01) After market harness/shield/tether
        added, not used
   (02) After market harness/shield/tether used
   (03) Child safety seat used, but no after market
        harness/shield/tether added
   (09) Unknown if harness/shield/tether
        added or used

   Designed With Harness/Shield/Tether
   (11) Harness/shield/tether not used
   (12) Harness/shield/tether used
   (19) Unknown if harness/shield/tether used

   Unknown If Designed With Harness/Shield/Tether
   (21) Harness/shield/tether not used
   (22) Harness/shield/tether used
   (29) Unknown if harness/shield/tether used

   (99) Unknown if child safety seat used

6. Child Safety Seat Make/Model
   (Specify make/model and occupant number)

   _____

   _____

   _____

   _____

# HEAD RESTRAINTS/SEAT EVALUATION

NOTES: Encode the applicable data for **each seat position** in the vehicle. The attribute for these variables may be found at the bottom of the page. Head restraint type/damage and seat type/performance should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

|  |  | Left | Center | Right |
|---|---|---|---|---|
| **F I R S T** | Head Restraint Type/Damage | 3 |  | 3 |
|  | Seat Type | 02 |  | 02 |
|  | Seat Performance | / |  | / |
|  | Seat Orientation | / |  | / |
| **S E C O N D** | Head Restraint Type/Damage | 0 | 0 | 0 |
|  | Seat Type | 07 | 07 | 07 |
|  | Seat Performance | 1 | 1 | 1 |
|  | Seat Orientation | 1 | / | / |
| **T H I R D** | Head Restraint Type/Damage |  |  |  |
|  | Seat Type |  |  |  |
|  | Seat Performance |  |  |  |
|  | Seat Orientation |  |  |  |
| **O T H E R** | Head Restraint Type/Damage |  |  |  |
|  | Seat Type |  |  |  |
|  | Seat Performance |  |  |  |
|  | Seat Orientation |  |  |  |

**Head Restraint Type/Damage by Occupant at This Occupant Position**

- (0) No head restraints
- (1) Integral — no damage
- (2) Integral — damaged during accident
- (3) Adjustable — no damage
- (4) Adjustable — damaged during accident
- (5) Add-on — no damage
- (6) Add-on — damaged during accident
- (8) Other Specify):

- (9) Unknown

**Seat Type (this Occupant Position)**

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify):

- (10) Box mounted seat (i.e., van type)
- (99) Unknown

**Seat Performance (this Occupant Position)**

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed specify:
- (4) Seat tracks/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify):
- (7) Combination of above (specify):

- (8) Other (specify):

- (9) Unknown

**Seat Orientation (this Occupant Position)**

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify):

- (9) Unknown

**DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE (I.E., UNUSUAL OCCUPANT CONTACT PATTERN)**

## EJECTION/ENTRAPMENT DATA

Complete the following if the researcher has any indication that an occupant was either ejected from or entrapped in the vehicle. Code the appropriate data on the Occpant Assessment Form.

**EJECTION**          No [✓]     Yes [  ]

Describe indications of ejection and body parts involved in partial ejection(s):

_____

_____

_____

_____

| | | | | | | |
|---|---|---|---|---|---|---|
| **Occupant Number** | | | | | | |
| **Ejection** | | | | | | |
| (Note on Vehicle Interior Sketch) **Ejection Area** | | | | | | |
| **Ejection Medium** | | | | | | |
| **Medium Status** | | | | | | |

**Ejection**
(1) Complete ejection
(1) Partial ejection
(3) Ejection, Unknown degree
(9) Unknown

**Ejection Area**
(1) Windshield
(2) Left front
(3) Right front
(4) Left rear
(5) Right rear
(6) Rear

(7) Roof
(8) Other area (e.g., back of pickup, etc.) (specify):

_____
(9) Unknown

**Ejection Medium**
(1) Door/hatch/tailgate
(2) Nonfixed roof structure
(3) Fixed glazing
(4) Nonfixed glazing (specify):

_____

(5) Integral structure
(8) Other medium (specify):

_____
(9) Unknown

**Medium Status (Immediately Prior to Impact)**
(1) Open
(2) Closed
(3) Integral structure
(9) Unknown

**ENTRAPMENT**          No [✓]     Yes [  ]

Describe entrapment mechanism: _____

_____

_____

_____

_____

Component(s):_____

_____

(Note in vehicle interior diagram)

U.S. Department of Transportation

National Highway Traffic Safety
Administration

# OCCUPANT ASSESSMENT FORM

**Form Approved**
O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number    **05**

2. Case Number - Stratum    **09 1 E**

3. Vehicle Number    **02**

4. Occupant Number    **01**

## OCCUPANT'S CHARACTERISTICS

5. Occupant's Age    **27**
   Code actual age at time of accident.
   (00) Less than one year old (specify by month):
   _____
   (97) 97 years and older
   (99) Unknown

6. Occupant's Sex    **2**
   (1) Male
   (2) Female
   (9) Unknown

7. Occupant's Height    **999**
   Code actual height to the nearest
   centimeter.
   (999) Unknown

   ___ ___ inches X 2.54 = ___ ___ ___ centimeters

8. Occupant's Weight    **999**
   Code actual weight to the nearest
   kilogram.
   (999)Unknown

   ___ ___ ___ pounds X .4536 = ___ ___ ___ kilograms

9. Occupant's Role    **1**
   (1) Driver
   (2) Passenger
   (9) Unknown

## OCCUPANT'S SEATING

10. Occupant's Seat Position    **11**
    *Front Seat*
    (11) Left side
    (12) Middle
    (13) Right side
    (14) Other (specify):_____
    (15) On or in the lap of another occupant

    *Second Seat*
    (21) Left side
    (22) Middle
    (23) Right side
    (24) Other (specify):_____
    (25) On or in the lap of another occupant

    *Third Seat*
    (31) Left side
    (32) Middle
    (33) Right side
    (34) Other (specify):_____
    (35) On or in the lap of another occupant

    *Fourth Seat*
    (41) Left side
    (42) Middle
    (43) Right side
    (44) Other (specify):_____
    (45) On or in the lap of another occupant

    (97) In or on unenclosed area
    (98) Other seat (specify):_____
    (99) Unknown

11. Occupant's Posture    **0**
    (0) Normal posture

    *Abnormal posture*
    (1) Kneeling or standing on seat
    (2) Lying on or across seat
    (3) Kneeling, standing or sitting in front of seat
    (4) Sitting sideways or turned to talk with another
        occupant or to look out a rear window
    (5) Sitting on a console
    (6) Lying back in a reclined seat position
    (7) Bracing with feet or hands on a surface in front
        of seat
    (8) Other abnormal posture (specify):
        _____
    (9) Unknown

This report is authorized by P.L. 89-563, Title 1, Section 106, 108, and 112. While you are not required to respond,
your cooperation is needed to make the results of this data collection effort comprehensive, accurate, and timely.

## EJECTION/ENTRAPMENT

12. Ejection     _O_
    - (0) No ejection
    - (1) Complete ejection
    - (2) Partial ejection
    - (3) Ejection, unknown degree
    - (9) Unknown

13. Ejection Area     _O_
    - (0) No ejection
    - (1) Windshield
    - (2) Left front
    - (3) Right front
    - (4) Left rear
    - (5) Right rear
    - (6) Rear
    - (7) Roof
    - (8) Other area (e.g., back of pickup, etc.)
      (specify):_____
    - (9) Unknown

14. Ejection Medium     _O_
    - (0) No ejection
    - (1) Door/hatch/tailgate
    - (2) Nonfixed roof structure
    - (3) Fixed glazing
    - (4) Nonfixed glazing (specify):
      _____
    - (5) Integral structure
    - (8) Other medium (specify):
      _____
    - (9) Unknown

15. Medium Status (Immediately Prior To Impact) _O_
    - (0) No ejection
    - (1) Open
    - (2) Closed
    - (3) Integral structure
    - (9) Unknown

16. Entrapment     _O_
    (NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)
    - (0) Not entrapped
    - (1) Entrapped
    - (9) Unknown

## RESTRAINT SYSTEM EVALUATION

**17. Manual (Active) Belt System Availability**     _3_
  (0)  None available
  (1)  Belt removed/destroyed
  (2)  Shoulder belt
  (3)  Lap belt
  (4)  Lap and shoulder belt
  (5)  Belt available—type unknown

  *Integral Belt Partially Destroyed*
  (6)  Shoulder belt (lap belt destroyed/removed)
  (7)  Lap belt (shoulder belt destroyed/removed)

  (8)  Other belt (specify): _____
  (9)  Unknown

**18. Manual (Active) Belt System Use**     _OO_
  (00) None used, not available, or belt
       removed/destroyed
  (01) Inoperative (specify): _____
  (02) Shoulder belt
  (03) Lap belt
  (04) Lap and shoulder belt
  (05) Belt used—type unknown
  (08) Other belt used (specify): _____
  (12) Shoulder belt used with child safety seat
  (13) Lap belt used with child safety seat
  (14) Lap and shoulder belt used with child
       safety seat
  (15) Belt used with child safety seat—type unknown
  (18) Other belt used with child safety seat
       (specify): _____
  (99) Unknown if belt used

**19. Proper Use of Manual (Active) Belts**     _O_
  (0)  None used or not available
  (1)  Belt used properly
  (2)  Belt used properly with child safety seat

  *Belt Used Improperly*
  (3)  Shoulder belt worn under arm
  (4)  Shoulder belt worn behind back or seat
  (5)  Belt worn around more than one person
  (6)  Lap belt worn on abdomen
  (7)  Lap belt or lap and shoulder belt used
       improperly with child safety seat (specify):

  (8)  Other improper use of manual belt system
       (specify): _____
  (9)  Unknown

**20. Manual (Active) Belt Failure Modes**     _O_
  **During Accident**
  (0)  No manual belt used
  (1)  No manual belt failure(s)
  (2)  Torn webbing (stretched webbing not
       included)
  (3)  Broken buckle or latchplate
  (4)  Upper anchorage separated
  (5)  Other anchorage separated (specify): _____
  (6)  Broken retractor
  (7)  Combination of above (specify): _____
  (8)  Other manual belt failure (specify): _____
  (9)  Unknown

**21. Air Bag System Availability/Function**     _O_
  (0)  Not equipped/not available
  (1)  Air bag

  *Non-functional*
  (2)  Air bag disconnected (specify): _____
  (3)  Air bag not reinstalled
  (9)  Unknown

**22. Air Bag System Deployment**     _O_
  (0)  Not equipped/not available
  (1)  Air bag deployed during accident (as a
       result of impact)
  (2)  Air bag deployed inadvertently just
       prior to accident
  (3)  Air bag deployed, accident sequence
       undetermined
  (4)  Nondeployed
  (5)  Unknown if deployed
  (6)  Air bag deployed as a result of a noncollision
       event during accident sequence (e.g., fire,
       explosion, electrical)
  (9)  Unknown

**23. Are There Indications of Air Bag
    System Failure?**     _O_
  (0)  Not equipped/not available
  (1)  No
  (2)  Yes (specify): _____
  (9)  Unknown

  Note:  See Variables 44 through 48 (Page 5)
         for Information on Automatic Belts

**24. Police Reported Restraint Use**     _4_
  (0)  None used
  (1)  Police did not indicate restraint use
  (2)  Shoulder belt
  (3)  Lap belt
  (4)  Lap and shoulder belt
  (5)  Belt used, type not specified
  (6)  Child safety seat
  (7)  Other or automatic restraint (specify): _____
  (8)  Restrained, type unknown
  (9)  Police indicated "unknown"

## HEAD RESTRAINT AND SEAT EVALUATION

25. Head Restraint Type/Damage by Occupant     *3*
    at This Occupant Position
    (0)  No head restraints
    (1)  Integral—no damage
    (2)  Integral—damaged during accident
    (3)  Adjustable—no damage
    (4)  Adjustable—damaged during accident
    (5)  Add-on—no damage
    (6)  Add-on—damaged during accident
    (8)  Other (specify):

    _____
    (9)  Unknown

26. Seat Type (this Occupant Position)     *02*
    (00)  Occupant not seated or no seat
    (01)  Bucket
    (02)  Bucket with folding back
    (03)  Bench
    (04)  Bench with separate back cushions
    (05)  Bench with folding back(s)
    (06)  Split bench with separate back cushions
    (07)  Split bench with folding back(s)
    (08)  Pedestal (i.e., column supported)
    (09)  Other seat type (specify):

    _____
    (10)  Box mounted seat (i.e., van type)
    (99)  Unknown

27. Seat Performance (this Occupant Position)     *1*
    (0)  Occupant not seated or no seat
    (1)  No seat performance failure(s)
    (2)  Seat adjusters failed
    (3)  Seat back folding locks or "seat back" failed
    (4)  Seat track/anchors failed
    (5)  Deformed by impact of occupant
    (6)  Deformed by passenger compartment intrusion
        (specify):_____

    _____
    (7)  Combination of above (specify):

    _____
    (8)  Other (specify):

    _____
    (9)  Unknown

## CHILD SAFETY SEAT

28. Child Safety Seat Make/Model _ _ _ _
    (000) No child safety seat
    Applicable codes are found in your NASS CDS
    Data Collection, Coding and Editing
    (950) Built-in child safety seat
    (997) Other make/model (specify):
    _____
    (998) Unknown make/model
    (999) Unknown if child safety seat used


29. Type of Child Safety Seat _ _
    (0) No child safety seat
    (1) Infant seat
    (2) Toddler seat
    (3) Convertible seat
    (4) Booster seat
    (7) Other type child safety seat (specify):
    _____
    (8) Unknown child safety seat type
    (9) Unknown if child safety seat used


30. Child Safety Seat Orientation _ _
    (00) No child safety seat

    *Designed for Rear Facing for This Age/Weight*
    (01) Rear facing
    (02) Forward facing
    (08) Other orientation (specify):
    _____
    (09) Unknown orientation

    *Designed For Forward Facing for This Age/Weight*
    (11) Rear facing
    (12) Forward facing
    (18) Other orientation (specify):
    _____
    (19) Unknown orientation

    *Unknown Design or Orientation For This
    Age/Weight, or Unknown Age/Weight*
    (21) Rear facing
    (22) Forward facing
    (28) Other orientation (specify):
    _____
    (29) Unknown orientation

    (99) Unknown if child safety seat used


31. Child Safety Seat Harness Usage _ _

32. Child Safety Seat Shield Usage _ _

33. Child Safety Seat Tether Usage _ _

    Note: Options below applicable to
    Variables OA31-OA33.
    (00) No child safety seat

    *Not Designed With Harness/Shield/Tether*
    (01) After market harness/shield/tether
         added, not used
    (02) After market harness/shield/tether used
    (03) Child safety seat used, but no after market
         harness/shield/tether added
    (09) Unknown if harness/shield/tether
         added or used

    *Designed With Harness/Shield/Tether*
    (11) Harness/shield/tether not used
    (12) Harness/shield/tether used
    (19) Unknown if harness/shield/tether used

    *Unknown If Designed With Harness/Shield/Tether*
    (21) Harness/shield/tether not used
    (22) Harness/shield/tether used
    (29) Unknown if harness/shield/tether used

    (99) Unknown if child safety seat used

## INJURY CONSEQUENCES

**34. Injury Severity (Police Rating)**     *9*

- (0)  O - No injury
- (1)  C - Possible injury
- (2)  B - Nonincapacitating injury
- (3)  A - Incapacitating injury
- (4)  K - Killed
- (5)  U - Injury, severity unknown
- (6)  Died prior to accident
- (9)  Unknown

**35. Treatment - Mortality**     *4*
- (0)  No treatment
- (1)  Fatal
- (2)  Fatal - ruled disease (specify):

_____

*Nonfatal*
- (3)  Hospitalization
- (4)  Transported and released
- (5)  Treatment at scene - nontransported
- (6)  Treatment later
- (8)  Treatment - other (specify):

_____
- (9)  Unknown

**36. Type Of Medical Facility (for Initial Treatment)** *1*
- (0)  Not treated at a medical facility
- (1)  Trauma center
- (2)  Hospital
- (3)  Medical clinic
- (4)  Physician's office
- (5)  Treatment later at medical facility
- (8)  Other (specify):

_____
- (9)  Unknown

**37. Hospital Stay**     *00*
- (00)  Not Hospitalized
- ____Code the number of days (up through 60) that the occupant stayed in hospital.
- (61)  61 days or more
- (99)  Unknown

**38. Working Days Lost**     *99*
- ____Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00)  No working days lost
- (61)  61 days or more
- (62)  Fatally injured
- (97)  Not working prior to accident
- (99)  Unknown

**STOP - GO TO VARIABLE 44 ON PAGE 7**

**VARIABLES 39 THROUGH 43 ARE COMPLETED BY THE ZONE CENTER**

**39. Time to Death**     *00*
- ____Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 +n up through 30 days = 60)
- (00)  Not fatal
- (96)  Fatal - ruled disease
- (99)  Unknown

**40. 1st Medically Reported Cause of Death** *00*

**41. 2nd Medically Reported Cause of Death** *00*

**42. 3rd Medically Reported Cause of Death** *00*
- ____Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
- (00)  Not fatal or no additional causes
- (97)  Other result (includes fatal ruled disease) (specify):

_____
- (99)  Unknown

**43. Number of Recorded Injuries for This Occupant**     *00*
- ____Code the actual number of injuries recorded for this occupant.
- (00)  No recorded injuries
- (97)  Injured, details unknown
- (99)  Unknown if injured

## AUTOMATIC BELT SYSTEM

**44. Automatic (Passive) Belt System Availability/ Function** _/_
   (0) Not equipped/not available
   (1) 2 point automatic belts
   (2) 3 point automatic belts
   (3) Automatic belts - type unknown

   *Non-functional*
   (4) Automatic belts destroyed or rendered inoperative
   (9) Unknown

**45. Automatic (Passive) Belt System Use** _/_
   (0) Not equipped/not available/destroyed or rendered inoperative
   (1) Automatic belt in use
   (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):
   _____
   (3) Automatic belt use unknown
   (9) Unknown

**46. Automatic (Passive) Belt System Type** _2_
   (0) Not equipped/not available
   (1) Non-motorized system
   (2) Motorized system
   (9) Unknown

**47. Proper Use of Automatic (Passive Belt System** _/_
   (0) Not equipped/not available/not used
   (1) Automatic belt used properly
   (2) Automatic belt used properly with child safety seat

   *Automatic Belt Used Improperly*
   (3) Automatic shoulder belt worn under arm
   (4) Automatic shoulder belt worn behind back
   (5) Automatic belt worn around more than one person
   (6) Lap portion of automatic belt worn on abdomen
   (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):
   _____
   (8) Other improper use of automatic belt system (specify):_____
   (9) Unknown

**48. Automatic (Passive) Belt Failure Modes During Accident** _/_
   (0) Not equipped/not available/not in use
   (1) No automatic belt failure(s)
   (2) Torn webbing (stretched webbing not included)
   (3) Broken buckle or latchplate
   (4) Upper anchorage separated
   (5) Other anchorage separated (specify):
   _____
   (6) Broken retractor
   (7) Combination of above (specify):
   (8) Other automatic belt failure (specify):
   _____
   (9) Unknown

**49. Seat Orientation (this Occupant Position)** _/_
   (0) Occupant not seated or no seat
   (1) Forward facing seat
   (2) Rear facing seat
   (3) Side facing seat (inward)
   (4) Side facing seat (outward)
   (8) Other (specify):
   _____
   (9) Unknown

**STOP - VARIABLES 50 THROUGH 52 ARE COMPLETED BY THE ZONE CENTER**

## TRAUMA DATA

**50. Glasgow Coma Scale (GCS) Score (at Medical Facility)** _0  0_
   (00) Not injured
   (01) Injured - not treated at medical facility
   (02) No GCS Score at medical facility
   (03-15) Code the actual value of the initial GCS Score recorded at medical facility.
   (97) Injured, details unknown
   (99) Unknown if injured

**51. Was the Occupant Given Blood?** _/_
   (1) No - blood not given
   (2) Yes - blood given (specify units):_____
   (9) Unknown if blood given

**52. Arterial Blood Gases (ABG) – HCO$_3$** _0  0_
   (00) Not injured
   (01) Injured, ABGs not measured or reported
   (02-50) Code the actual value of the HCO$_3$
   (96) ABGs reported , HCO$_3$ unknown
   (97) Injured, details unknown
   (99) Unknown if injured

ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED WITH INITIAL SUBMISSION?      NO [✓]   YES [ ]

UPDATE CANDIDATE?      NO [ ]   YES [✓]

# OCCUPANT INJURY FORM

U.S. Department of Transportation
National Highway Traffic Safety Administration

**Form Approved**
**O.M.B. No. 2127-0021**

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number — *05*
2. Case Number - Stratum — *091E*
3. Vehicle Number — *02*
4. Occupant Number — *01*

## INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.
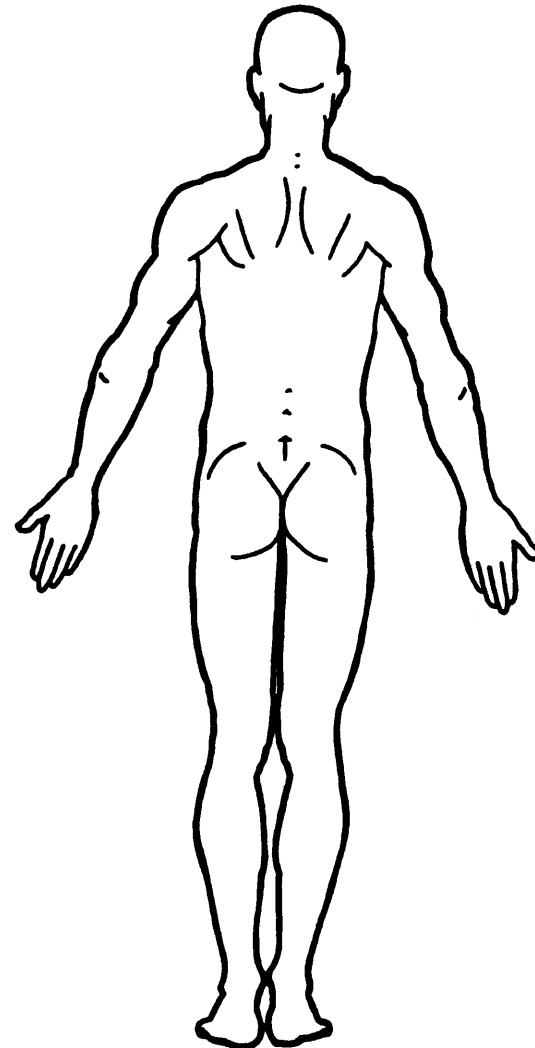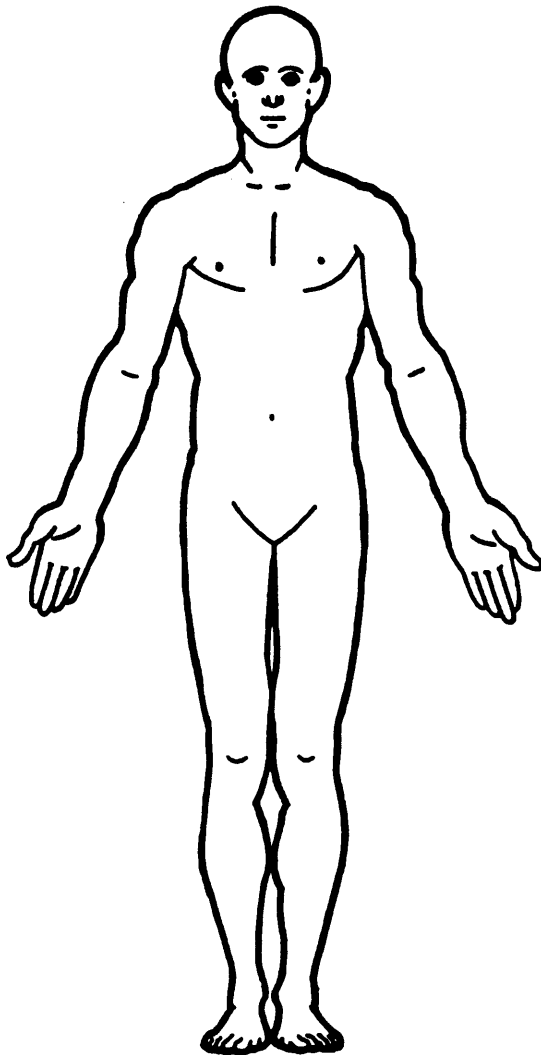
*No injuries*

| | Source of Injury Data | Body Region | Type of Anatomic Structure | Specific Anatomic Structure | Level of Injury | A.I.S. Severity | Aspect | Injury Source | Injury Source Confidence Level | Direct/Indirect Injury | Occupant Area Intrusion Number |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1st | 5. | 6. | 7. | 8. | 9. | 10. | 11. | 12. | 13. | 14. | 15. |
| 2nd | 16. | 17. | 18. | 19. | 20. | 21. | 22. | 23. | 24. | 25. | 26. |
| 3rd | 27. | 28. | 29. | 30. | 31. | 32. | 33. | 34. | 35. | 36. | 37. |
| 4th | 38. | 39. | 40. | 41. | 42. | 43. | 44. | 45. | 46. | 47. | 48. |
| 5th | 49. | 50. | 51. | 52. | 53. | 54. | 55. | 56. | 57. | 58. | 59. |
| 6th | 60. | 61. | 62. | 63. | 64. | 65. | 66. | 67. | 68. | 69. | 70. |
| 7th | 71. | 72. | 73. | 74. | 75. | 76. | 77. | 78. | 79. | 80. | 81. |
| 8th | 82. | 83. | 84. | 85. | 86. | 87. | 88. | 89. | 90. | 91. | 92. |
| 9th | 93. | 94. | 95. | 96. | 97. | 98. | 99. | 100. | 101. | 102. | 103. |
| 10th | 104. | 105. | 106. | 107. | 108. | 109. | 110. | 111. | 112. | 113. | 114. |

HS Form 433B (1/93)

This report is authorized by P.L. 89-563, Title 1, Section 106, 108, and 112. While you are not required to respond, your cooperation is needed to make the results of this data collection effort comprehensive, accurate, and timely.

# OCCUPANT INJURY DATA

| | Source of Injury Data | O.I.C.-A.I.S | | | | | | Injury Source | Injury Source Confidence Level | Direct/ Indirect Injury | Occupant Area Intrusion Number |
| | | Body Region | Type of Anatomic Structure | Specific Anatomic Structure | Level of Injury | A.I.S. Severity | Aspect | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 11th | ___ | ___ | ___ | ___ ___ | ___ ___ | ___ | ___ | ___ ___ | ___ | ___ | ___ ___ |
| 12th | ___ | ___ | ___ | ___ ___ | ___ ___ | ___ | ___ | ___ ___ | ___ | ___ | ___ ___ |
| 13th | ___ | ___ | ___ | ___ ___ | ___ ___ | ___ | ___ | ___ ___ | ___ | ___ | ___ ___ |
| 14th | ___ | ___ | ___ | ___ ___ | ___ ___ | ___ | ___ | ___ ___ | ___ | ___ | ___ ___ |
| 15th | ___ | ___ | ___ | ___ ___ | ___ ___ | ___ | ___ | ___ ___ | ___ | ___ | ___ ___ |
| 16th | ___ | ___ | ___ | ___ ___ | ___ ___ | ___ | ___ | ___ ___ | ___ | ___ | ___ ___ |
| 17th | ___ | ___ | ___ | ___ ___ | ___ ___ | ___ | ___ | ___ ___ | ___ | ___ | ___ ___ |
| 18th | ___ | ___ | ___ | ___ ___ | ___ ___ | ___ | ___ | ___ ___ | ___ | ___ | ___ ___ |
| 19th | ___ | ___ | ___ | ___ ___ | ___ ___ | ___ | ___ | ___ ___ | ___ | ___ | ___ ___ |
| 20th | ___ | ___ | ___ | ___ ___ | ___ ___ | ___ | ___ | ___ ___ | ___ | ___ | ___ ___ |
| 21st | ___ | ___ | ___ | ___ ___ | ___ ___ | ___ | ___ | ___ ___ | ___ | ___ | ___ ___ |
| 22nd | ___ | ___ | ___ | ___ ___ | ___ ___ | ___ | ___ | ___ ___ | ___ | ___ | ___ ___ |
| 23rd | ___ | ___ | ___ | ___ ___ | ___ ___ | ___ | ___ | ___ ___ | ___ | ___ | ___ ___ |
| 24th | ___ | ___ | ___ | ___ ___ | ___ ___ | ___ | ___ | ___ ___ | ___ | ___ | ___ ___ |
| 25th | ___ | ___ | ___ | ___ ___ | ___ ___ | ___ | ___ | ___ ___ | ___ | ___ | ___ ___ |

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

## SOURCE OF INJURY DATA

**OFFICIAL**
(1) Autopsy records with or without hospital/medical records
(2) Hospital/medical records other than emergency room (e.g., discharge summary)
(3) Emergency room records only (including associated X-rays or other lab reports)
(4) Private physician, walk-in or emergency clinic

**UNOFFICIAL**
(5) Lay coroner report
(6) E.M.S. personnel
(7) Interviewee
(8) Other source (specify):
_____
(9) Police

## INJURY SOURCE

**FRONT**
(01) Windshield
(02) Mirror
(03) Sunvisor
(04) Steering wheel rim
(05) Steering wheel hub/spoke
(06) Steering wheel (combination of codes 04 and 05)
(07) Steering column, transmission selector lever, other attachment
(08) Add on equipment (e.g., CB, tape deck, air conditioner)
(09) Left instrument panel and below
(10) Center instrument panel and below
(11) Right instrument panel and below
(12) Glove compartment door
(13) Knee bolster
(14) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
(15) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
(16) Driver side air bag compartment cover
(17) Passenger side air bag compartment cover
(18) Windshield reinforced by exterior object (specify):_____
(19) Other front object (specify):
_____

**LEFT SIDE**
(20) Left side interior surface, excluding hardware or armrests
(21) Left side hardware or armrest
(22) Left A (A1/A2)-pillar
(23) Left B-pillar
(24) Other left pillar (specify):
_____

(25) Left side window glass or frame
(26) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
(27) Other left side object (specify):
_____
(28) Left side window sill

**RIGHT SIDE**
(30) Right side interior surface, excluding hardware or armrests
(31) Right side hardware or armrest
(32) Right A (A1/A2)-pillar
(33) Right B-pillar
(34) Other right pillar (specify):
_____
(35) Right side window glass or frame
(36) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
(37) Other right side object (specify):
_____
(38) Right side window sill

**INTERIOR**
(40) Seat, back support
(41) Belt restraint webbing/buckle
(42) Belt restraint B-pillar or door frame attachment point
(43) Other restraint system component (specify):_____
(44) Head restraint system
(45) Air bag (use codes "16" and "17" for injuries sustained from air bag compartment covers)
(46) Other occupants (specify):
_____
(47) Interior loose objects
(48) Child safety seat (specify):
_____
(49) Other interior object (specify):
_____

**ROOF**
(50) Front header
(51) Rear header
(52) Roof left side rail
(53) Roof right side rail
(54) Roof or convertible top

**FLOOR**
(56) Floor (including toe pan)
(57) Floor or console mounted transmission lever, including console
(58) Parking brake handle
(59) Foot controls including parking brake

**REAR**
(60) Backlight (rear window)

(61) Backlight storage rack, door, etc.
(62) Other rear object (specify):
_____

**EXTERIOR of OCCUPANT'S VEHICLE**
(65) Hood
(66) Outside hardware (e.g., outside mirror, antenna)
(67) Other exterior surface or tires (specify):_____
(68) Unknown exterior objects

**EXTERIOR OF OTHER MOTOR VEHICLE**
(70) Front bumper
(71) Hood edge
(72) Other front of vehicle (specify):
_____
(73) Hood
(74) Hood ornament
(75) Windshield, roof rail, A-pillar
(76) Side surface
(77) Side mirrors
(78) Other side protrusions (specify)
_____
(79) Rear surface
(80) Undercarriage
(81) Tires and wheels
(82) Other exterior of other motor vehicle (specify):
_____
(83) Unknown exterior of other motor vehicle

**OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT**
(84) Ground
(85) Other vehicle or object (specify)
_____
(86) Unknown vehicle or object

**NONCONTACT INJURY**
(90) Fire in vehicle
(91) Flying glass
(92) Other noncontact injury source (specify):_____
(93) Air bag exhaust gases
(97) Injured, unknown source

## INJURY SOURCE CONFIDENCE LEVEL
(1) Certain
(2) Probable
(3) Possible
(9) Unknown

## DIRECT/INDIRECT INJURY
(1) Direct contact injury
(2) Indirect contact injury
(3) Noncontact injury
(7) Injured, unknown source

## OCCUPANT INJURY CLASSIFICATION

**Body Region**

(1) Head
(2) Face
(3) Neck
(4) Thorax
(5) Abdomen
(6) Spine
(7) Upper Extremity
(8) Lower Extremity
(9) Unspecified

**Type of Anatomic Structure**

(1) Whole Area
(2) Vessels
(3) Nerves
(4) Organs (includes muscles/ligaments)
(5) Skeletal (includes joints)
(6) Head - LOC
(9) Skin

**Specific Anatomic Structure**

Whole Area
(02) Skin - Abrasion
(04) Skin - Contusion
(06) Skin - Laceration
(08) Skin - Avulsion
(10) Amputation
(20) Burn
(30) Crush
(40) Degloving
(50) Injury - NFS
(90) Trauma, other than mechanical

Head - LOC
(02) Length of LOC
(04, 06, 08) Level of Consciousness
(10) Concussion

Spine
(02) Cervical
(04) Thoracic
(06) Lumbar

Vessels, Nerves, Organs, Bones, Joints are assigned consecutive two digit numbers beginning with 02

**Level of Injury**

Specific injuries are assigned consecutive two-digit numbers beginning with 02.

To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.

**Abbreviated Injury Scale**

(1) Minor injury
(2) Moderate injury
(3) Serious injury
(4) Severe injury
(5) Critical injury
(6) Maximum (untreatable)
(7) Injured, unknown severity

**Aspect**

(1) Right
(2) Left
(3) Bilateral
(4) Central
(5) Anterior
(6) Posterior
(7) Superior
(8) Inferior
(9) Unknown
(0) Whole region

ER:

**Restrained?**

___ No

✓ Yes

**Blood Alcohol Level (mg/dl)**

NOT RECORDED
BAL = ____

**Glasgow Coma Scale Score**

GCSS = 15

CN II-XII
GROSSLY INTACT

**Units of Blood Given**
NOT RECORDED
Units = ____

**Arterial Blood Gases**
NOT RECORDED
pH = __.__

PO$_2$ = ____

PCO$_2$ ____

HCO$_3$ ____

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)
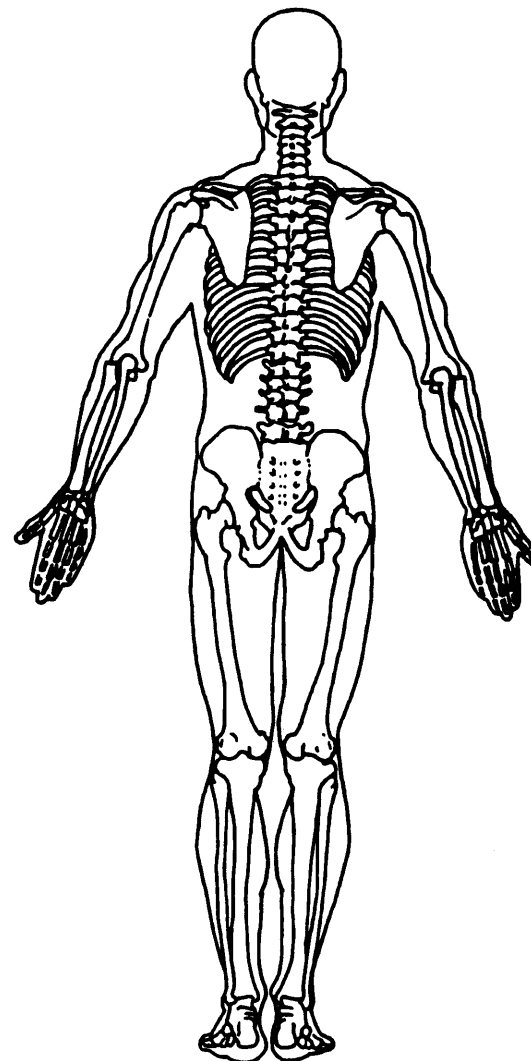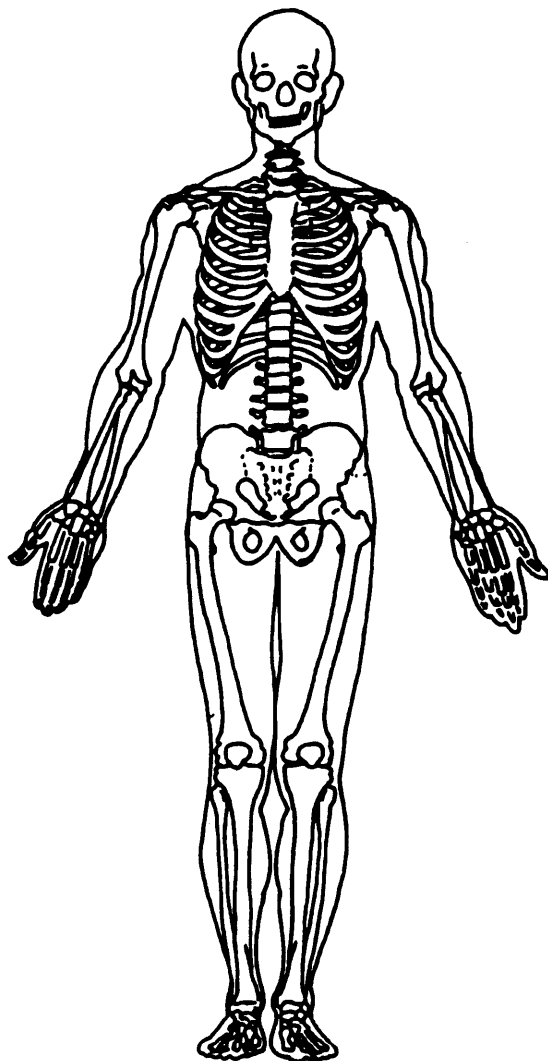
Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

ER: DID HAVE LOSS OF CONSCIOUSNESS

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05091E00000011        936.02000000000210450000002      93      93      93      93015367000
025135000386250
05091E00010012        936.021000000000103F0202R
05091E00020012        936.021000000000202T3100N
05091E01000021          6.02  0000000009020020049999999999999999991048796064038610101 1
45999000000270000699  999  9999999001
05091E01000022          6.02  000000000000000000000000000      90000000016621
05091E01010051          6.02  0000000001929999991119000009999999949999000000000000000
00990000000000009999900100
05091E02000021          6.02  000000000914904006JT2SV21W6M0       10567960569987101011
220000102000002706999  999  9999999011
05091E02000022          6.02  000000000000000000000000000      90313182011799
05091E02000031          6.02  00000000010101RYES02023100TDD0031400030030070100040 04-
020                         012600001
05091E02000041          6.02  0000000001231311000003660008009900000122000012200000
05091E02000042          6.02  0000000001315411215411212311312311115111112111306111313
11              2             0000079080
05091E02010051          6.02  000000000272999999111000000300000004302100000000000094 1
00990000000000011211100100
05091E999999990000000000000000000000000000000000010000000000000000001000000010000
0000000000001
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OCCUPANT ASSESSMENT Vehicle: 1 Occupant: 1
                                     11
                                        INTRA ERRORS


                                        OHH0191   2   If OCCUPANT
POSITION OA10 equals 11 or 13 and AUTOMATIC BELT    HH0192       AVAILABILITY
 OA44 does not equal 2, then MANUAL BELT            HH0193       AVAILABILITY
 OA17 should equal 3 or 4.

O
  GENERAL VEHICLE Vehicle: 2
                         11
                            INTRA ERRORS


                                        OGG0421   2   If ROLLOVER GV24 equals 1-9
, then BASIS FOR DELTA V GV29 should    GG0422        equal 4 or 5.

O
  INTERIOR VEHICLE Vehicle: 2
                          11
                             INTRA ERRORS


                                        OCC0541   2   ********* THIS CASE SHOWS
A POSSIBLE HOLED WINDSHIELD. ********    CC0542        ****** CHECK YOUR DATA AND
 IF CORRECT, NOTIFY YOUR ZONE ******    CC0543        GLAZING WINDSHIELD IV15 eq
uals 3 or 5 or CONTACT COMPONENT IV23   CC0544        equals 3 or 5.

01
  INTER ERRORS


              OGH0181   2   If AOPS VEHICLE GV36 equals 1 and DRIVER PRESENCE GV16
  does not    GH0182       equal 0, then at least one AIR BAG AVAILABILITY/FUNCTI
ON OA21       GH0183       should equal 1-3 or AUTOMATIC BELT AVAILABILITY OA44 s
hould         GH0184       equal 1-4. GV=01 OA=02


    PSU05                    ERROR SUMMARY SCREEN                        93
    CASE 091E
    CURRENT VERSION: 6.02


|            |           | NUMBER OF | NUMBER OF | VERSION    |
|            | NUMBER OF | LEVEL 1   | LEVEL 2   | NUMBER     |
| FORM NAME  | DOLLAR SIGNS | ERRORS | ERRORS    | CONSISTENT |
|------------|-----------|-----------|-----------|------------|
| Accident   | O         | O         | O         | Y          |
| General Vehicle | O    | O         | 1         | Y          |
| Vehicle Exterior | O   | O         | O         | Y          |
| Vehicle Interior | O   | O         | 1         | Y          |
| Occupant Assesment | O | O         | 1         | Y          |
| Occupant Interior | O  | O         | O         | Y          |
|            |           |           |           |            |
| Total Inter Errors |  | O          | 1         |            |
|            |           |           |           |            |
| Total Case Errors | O | O          | 4         |            |

Primary Sampling Unit Number __0_ _5__          Case Number—Stratum __0_ _9_ _1_ _E_ ____

| Slide No. | Vehicle No. | Direction of Picture | Description of Slide Subject Matter |
|---|---|---|---|
| 1-4 | 1 | West | Travel path to impact |
| 5-6 | 1 | West | Post collision travel path to final rest |
| 7 | 1 | East | Lookback from final rest |
| 8 | 1 | East | Lookback from impact |
| 9 | 1 | East | Lookback from initial travel path |
| 10-14 | 2 | North | Travel path to impact |
| 15-16 | 2 | North | Post collision travel path and rollover |
| 17 | 2 | South | Lookback from final rest |
| 18 | 2 | South | Lookback from impact |
| 19 | 2 | South | Lookback from iniitail trave path |
| 20 | | North | Yaw marks |
| 21-38 | 2 | | exterior photso |
| 39-49 | 2 | | Interior photos |
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| Slide No. | Vehicle No. | Direction of Picture | Description of Slide Subject Matter |
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PSU 05-091E (1993) #1

PSU 05-091E (1993) #2

PSU 05-091E (1993) #3

PSU 05-091E (1993) #4

PSU 05-091E (1993) #5

PSU 05-091E (1993) #6

PSU 05-091E (1993) #7

PSU 05-091E (1993) #8

PSU 05-091E (1993) #9

PSU 05-091E (1993) #10

PSU 05-091E (1993) #11

PSU 05-091E (1993) #12

PSU 05-091E (1993) #13

PSU 05-091E (1993) #14

PSU 05-091E (1993) #15

PSU 05-091E (1993) #16

PSU 05-091E (1993) #17

PSU 05-091E (1993) #18

PSU 05-091E (1993) #19

PSU 05-091E (1993) #20

PSU 05-091E (1993) #21

PSU 05-091E (1993) #22

PSU 05-091E (1993) #23

PSU 05-091E (1993) #24

PSU 05-091E (1993) #27

PSU 05-091E (1993) #28

PSU 05-091E (1993) #29

PSU 05-091E (1993) #30

PSU 05-091E (1993) #31

PSU 05-091E (1993) #33

PSU 05-091E (1993) #34

PSU 05-091E (1993) #35

PSU 05-091E (1993) #36

PSU 05-091E (1993) #37

PSU 05-091E (1993) #38

PSU 05-091E (1993) #41

PSU 05-091E (1993) #42

PSU 05-091 E (1993) #45
Best Available

PSU 05-091E (1993) #46

PSU 05-091E (1993) #48